

LOG900000276A2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

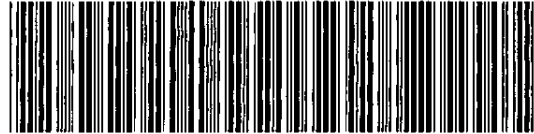
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300156772783

FILED
09 JUL -6 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Em
7/6/09

Murphy, Erin L.

L09000027692

From: Walter Page [walter@sigprotects.com]
Sent: Wednesday, July 01, 2009 9:17 AM
To: CorpAddressChange
Cc: 'Rob Semans'; 'Walter Page'
Subject: Principle location address change for Semans Insurance Group LLC

Please update our file to show our location at the address below. The phone, fax and email are changed and should reflect the info below.

Thanks,

Walter Page, Agent
Semans Insurance Group
Protecting Your Future
www.sigprotects.com

290 Cypress Gardens Blvd SE
Winter Haven, FL 33880
P 863-299-9717 Ext 201
F 863-299-9737
E walter@sigprotects.com

☒ semanslogo inverted for light background.jpeg

FILED
09 JUL -6 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA