

ND10000008938

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PASCO HERNANDO INSURANCE PROFESSIONALS INC

(Name of Corporation)

DOCUMENT NUMBER: N01000008938

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVINA DAVIS

(Name of Person)

PASCO HERNANDO INSURANCE PROFESSIONA

(Name of Firm/Company)

4143 CITRUS DRIVE

(Address)

NEW PORT RICHEY FL 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPHINE P MANSUR

(Name of Person)

at (727) 753-1028

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALVINA DAVIS, hereby resign as TREASURER
(Title)

of PASCO HERNANDO INSURANCE PROFESSIONALS INC
(Name of Corporation)

N01000008938, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Alvina Davis 7-11-11
(Signature of resigning officer/director)

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314