



**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 12 PM 2:11

**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