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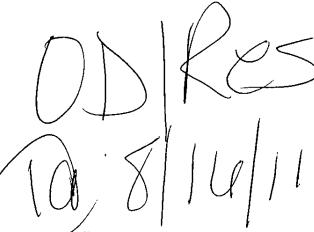


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PASCO HERNANDO INSURANCE PROFESSIONALS INC (Name of Corporation) N01000008938 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to 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) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address:** Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L ALVINA DAVIS	, hereby resign as TREASURER
,	(Title)
01	JRANCE PROFESSIONALS INC ame of Corporation)
N0100008938 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	·
alui	(Signature of resigning officer/director) (Signature of resigning officer/director)

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