

PO0000002324

Deponent's Name
SEHNERT, LUMBRA, ROBINSON & ASSOCIATES
P.O. Box 948173 • Maitland, FL 32894-8173

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **200004528452--6**
-08/10/01--01045--013
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☒ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Examiner's Initials ae 8/2

**OFFICER/DIRECTOR RESIGNATION
PLATTER, SEHNERT, LUMBRA, ROBINSON INSURANCE, INC.**

I, Mark W. Sehnert, hereby resign as Director and Secretary of Platter, Sehnert, Lumbra, Robinson Insurance, Inc., a corporation organized under the laws of the State of Florida and affirm that the corporation has been notified in writing of the resignation.


Mark W. Sehnert

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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