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My Resign

C.COULLIETTE

Aug 17 20099

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Edward J Tarver, III le	nsurance Agency, Inc.
Sobsect.	(Name of Corporation)
DOCUMENT NUMBER: P0000	00028330
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
Edward J Tarver, III	•
(Name of Person	n)
Edward J Tarver, III Insurance A	gency, Inc.
(Name of Firm/Com	pany)
1121 S. Florida Av., Suite A	
(Address)	
Lakeland, FL 33803	
(City/State and Zip	Code)
For further information concerning th	is matter, please call:
Edward J Tarver, III	at (863) 683-5553 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Amendment Section	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Colette A. Tarver	_, hereby resign as
"	
of Edward J Tarver, III Insurance Agency (Name of Corpora	
P00000028330	oration organized under the laws of the State of
Florida	
	SECRETARY OF STATE OF

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

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