

PD10000001871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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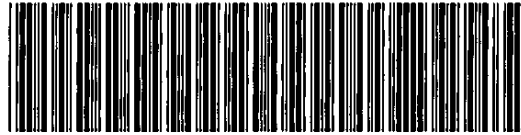
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: ALLIED INSURANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000001871

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

Please return all correspondence concerning this matter to the following:

Joseph Nesselc

(Name of Person)

(Name of Firm/Company)

5340 Southwest 130th Avenue

(Address)

Southwest Ranches, Florida 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Nesselc

at (954) 292-3399
(Name of Person) (Area Code & Daytime Telephone Number)

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

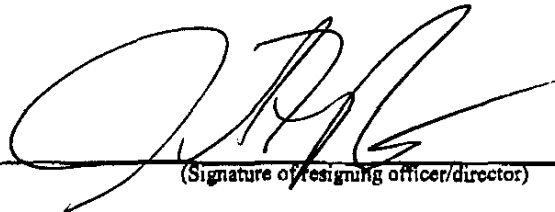
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Joseph Nesselt, hereby resign as President, Vice-
President, Secretary, Treasurer, and Director (Title)
of ALLIED INSURANCE, INC., a Florida Corporation
(Name of Corporation)

P01000001871, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

JOSEPH NESSELT

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TALLAHASSEE, FLORIDA

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