

P01000001871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL*

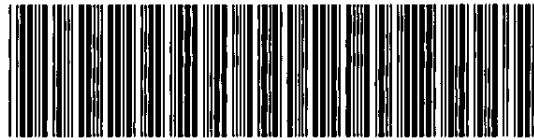
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OLD RES
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COVER LETTER

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:

Claudia Lozano

(Name of Person)

(Name of Firm/Company)

1939 Tyler Street

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Lozano

(Name of Person)

at (954) 922-8300

(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

RECEIVED
2008 JAN 15 AM 8:00
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TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Claudia Lozano, hereby resign as VP/Treasurer/Secretary
(Title)

of Allied Insurance Inc
(Name of Corporation)

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

Florida


(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

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