

PDI 0000019415

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LITWIN INSURANCE AGENCY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000019415

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

Please return all correspondence concerning this matter to the following:

MARTIN H. ALMAN

(Name of Person)

ALMAN ACCOUNTING & TAX SERVICE

(Name of Firm/Company)

17290 N.E. 19TH AVENUE

(Address)

NORTH MIAMI BEACH, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN H. ALMAN

(Name of Person)

at (**305**) **944-5353**

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

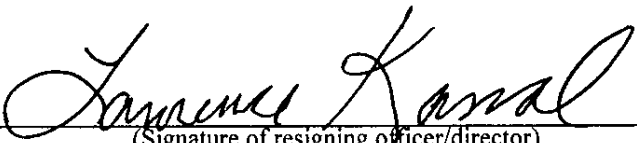
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LAWRENCE KASSAL, hereby resign as V S T D
(Title)

of LITWIN INSURANCE AGENCY, INC.
(Name of Corporation)

P01000019415, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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