P01000083813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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03 OCT 24 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 10/24/03

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 15, 2003

F BLAINE PANICO
800 S DAVIS BLVD
TAMPA, FL 33606

SUBJECT: ALL STAR INSURANCE, NORTH TAMPA, INC.
Ref. Number: P01000083813

We have received your document for ALL STAR INSURANCE, NORTH TAMPA, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee to resign as an officer/director is $35.00 for each individual resigning.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 803A00056287

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL STAR INSURANCE, NORTH TAMPA, INC
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

F. BLAINE PANICO
(Name of Person)

_____
(Name of Firm/Company)

800 S. DAVIS BLVD.
(Address)

TAMPA, FL 33606
(City/State and Zip Code)

For further information concerning this matter, please call:

F. BLAINE PANICO at (813) 503-2057
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF PRINCIPLE AND/OR OFFICERS

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared JANELLE BRASWELL, who be me being first duly sworn, says to the best of his knowledge, information and belief, and under penalties of perjury:

1. That he/she has resigned as Principle and/or Officers of **ALL STAR INSURANCE, NORTH TAMPA, INC.** , a Florida corporation.

2. This action designates JOSEPH MAGUIRE the sole principle and/or officer of said corporation.

3. That the corporation has been notified in writing of the resignation; and

4. That corporate minutes relating to the resignation are unavailable.

FILED
03 OCT 24 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OWNERS/OFFICERS

6/27/03
Date

6-27-03
Date

Amanda Thornton
My Commission DD183680
Expires February 12, 2007

Witness

6-27-03
Date

SWORN TO AND SUBSCRIBED before me this 27th day of June 2003.