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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 MAY -6 AM 7:45

Officer Resignation
LFS
5-14-2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CDD INSURANCE SERVICES

(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:

JAMES TODD

(Name of Person)

CDD INSURANCE SERVICES

(Name of Firm/Company)

PO BOX 740176

(Address)

BOYNTON BEACH, FL. 33474

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES L TODD

(Name of Person)

at (561) 313-2046

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 MAY -6 AM 7:45

I, JAMES L TODD, hereby resign as PRESIDENT
(Title)
of CDD INSURANCE SERVICES
(Name of Corporation)

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

James L. Todd, 5-4-03
(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