

PO2000068767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

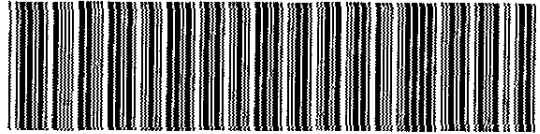
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA DEPT. OF REVENUE

07225 CY
8-20-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Program Services
(Name of Corporation)

DOCUMENT NUMBER: P02000008767

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

Please return all correspondence concerning this matter to the following:

Robert C. Simmons
(Name of Person)

Insurance Program Services
(Name of Firm/Company)

16503 Blenheim Dr.
(Address)

Lutz, FL 33549
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Simmons at (813) 932 1131
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert C. Simms, hereby resign as PRESIDENT
(Title)

of Insurance Program Services
(Name of Corporation)

PO20000068767, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Robert C. Simms
(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