

P02000114709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

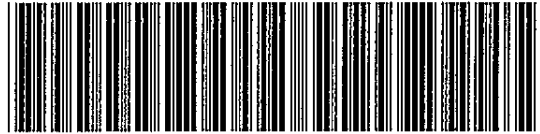
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resign

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DESOTO INSURANCE OF BRADENTON, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000114709

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

Please return all correspondence concerning this matter to the following:

RYAN D. BARACK

(Name of Person)

KWALL, SHOWERS & COLEMAN, P.A.

(Name of Firm/Company)

133 N. FT. HARRISON AVE.

(Address)

CLEARWATER, FLORIDA 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

RYAN D. BARACK

(Name of Person)

at ( 727 ) 441-4947

(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

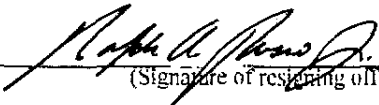
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RALPH A. RUSSO, JR., hereby resign as PTS  
(Title)

of DESOTO INSURANCE OF BRADENTON, INC.  
(Name of Corporation)

P02000114709  
(Document Number, if known) a corporation organized under the laws of the State of

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
04 DEC 20 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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