

PO3000005250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

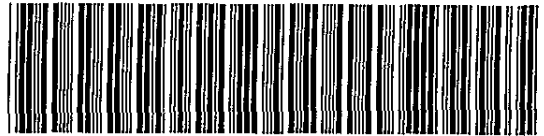
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600014235366

03/20/03--01054--008 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 20 PM 3:48

o/d resig.

V SHEPARD MAR 28 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA INSURANCE SUPPORT SERVICES, 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:

MARK C. MCLAUGHLIN

(Name of Person)

FLORIDA INSURANCE SUPPORT SERVICES, INC

(Name of Firm/Company)

P.O. BOX 677040

(Address)

ORLANDO, FL 32867-7040

(City/State and Zip Code)

For further information concerning this matter, please call:

ANN ROSENBLATT

(Name of Person)

at (321) 235-1999
(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**

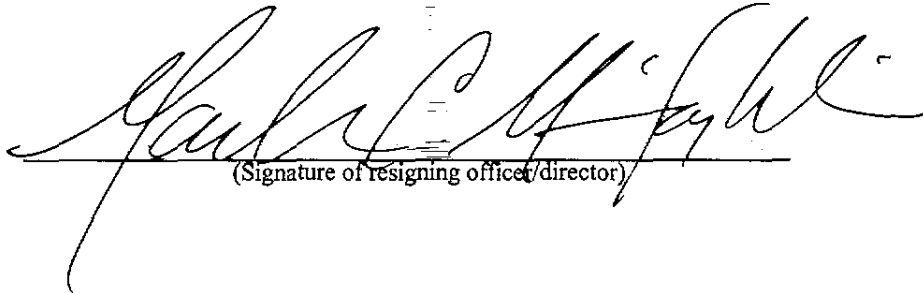
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 20 PM 3:48

I, MARK C. MCLAUGHLIN, hereby resign as VICE PRESIDENT
(Title)

of FLORIDA INSURANCE SUPPORT SERVICES, ICN.
(Name of Corporation)

P03000005250.
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA


(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