

P030000008157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

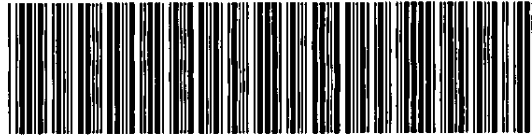
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUN 15 PM 4:30

06/16/16--01001--018 **35.00

RECEIVED
DEPARTMENT OF REVENUE
16 JUN 15 PM 4:20
TO ACHIEVE
SUFFICIENCY OF FILINGS

JUN 16 2016

C McNAIR

W21KIN

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

E.L. Clark Insurance, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUN 15 PM 4:30

Signature _____

Requested by: SETH

06/15/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

TRANSMITTAL LETTER

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
16 JUN 15 PM 4:30

TO: Amendment Section
Division of Corporations

SUBJECT: E.L. Clark Insurance, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000008157

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

Please return all correspondence concerning this matter to the following:

Erica Leigh Clark

(Name of Person)

E.L.Clark Insurance, Inc.

(Name of Firm/Company)

12788 W Forest Hill Blvd. Ste 111

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Erica Leigh Clark

(Name of Person)

at (561) 798-0230

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

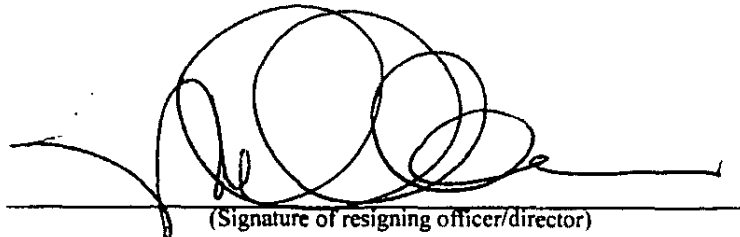
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 15 PM 4:30

I, Michele Gaudino, hereby resign as PVT
(Title)

of E.L. Clark Insurance, Inc.
(Name of Corporation)

P000008157, a corporation organized under the laws of the State of
(Document Number, if known)

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