

P030000040770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

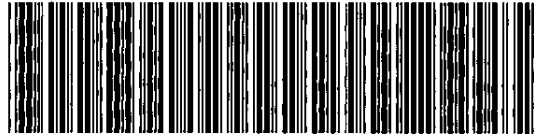
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

NOV 17 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: I and B Insurance Associates, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000040770

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

Please return all correspondence concerning this matter to the following:

Elizabeth Stephanis
(Name of Person)

I and B Insurance Associates, INC.
(Name of Firm/Company)

9835 SUNSET DRIVE #105
(Address)

Miami, FL 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Stephanis at (786) 355-1116
(Name of Person) (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

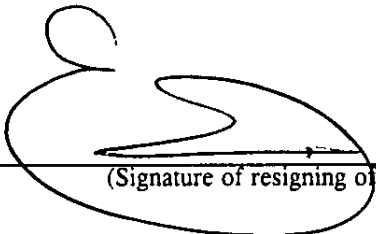
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Elizabeth Stephanis, hereby resign as Vice President
(Title)

of I and B Insurance Associates, Inc.
(Name of Corporation)

PD3000040770, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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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