

PO3000118834

(Requestor's Name)

(Address)

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PO3000118834  
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3/2

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allen Mikell Insurance, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000118834

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

Please return all correspondence concerning this matter to the following:

Emory Allen Mikell, Jr.

(Name of Person)

(Name of Firm/Company)

7712 Carriage Homes Drive

(Address)

Orlando, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael L. Toffoli

(Name of Person)

at ( 407 ) 786-8976

(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, Michael L. Toffoli, hereby resign as President  
(Title)

of Allen Mikell Insurance, Inc.  
(Name of Corporation)

P03000118834, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

M. Toffoli  
(Signature of resigning officer/director)

**FILED**  
04 DEC 29 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