

P03000140810

**CLIFFORD  
INSURANCE**

9790 SE 160th Lane  
Summerfield, FL 34491

(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



100242405081

*Resignation  
DB officer*

12/07/12--01021--002 \*\*35.00

FILED  
2012 DEC -7 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*

*12/10/12*

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2012 DEC -7 AM 9:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, Alicia R. Clifford, hereby resign as Vice President  
(Title)

of Clifford Insurance Center, Inc.  
(Name of Corporation)

P03000140810, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Alicia R. Clifford  
(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