PO3000/50954

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	12.01010

Office Use Only



000209521640

07/07/11--01019--007 **35.00

M JUL -7 PH 12: 12

Moresign.
7-12-11
De

COVER LETTER

SUBJECT: Seigel Seigel Insurance Inc. (Name of Corporation)
DOCUMENT NUMBER: PO3000 150 954
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tring G. Seigel (Name of Person)
Seigh a Sajon Immanu Inc. (Name of Firm/Company)
Bratenton FL 3420 5 (City/State and Zip Code) For further information concerning this matter, please call:
Bradenton FL 34205
(City/State and Zip Code) For further information concerning this matter, please call:
Tring G. Seipel at (941) 545-853) (Name of Person) (Area Code & Daytime Telephone Number)

. .

TO:

Amendment Section Division of Corporations

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Trina G. Seifel, hereby resign as Secre	tary treasurer (Title)
of Seipel a Seipel Insurance Inc (Name of Corporation)	,
PO3000150954 , a corporation organized under the laws (Document Number, if known)	of the State of
Florida	
(Signature of resigning officer/director)	
FILING FEE IS \$35.00	M JUL -7 PM IZ: 12 SELVANA ASSES FOR STATE MILETON SERVICE TO STATE MIL
Make checks payable to Florida Department of State and ma	all to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314