

P0400000 19950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

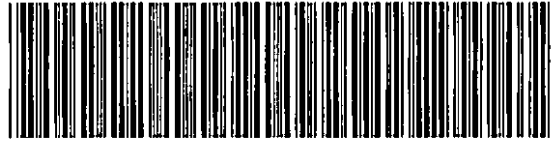
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/21--01033--008 **35.00

06/04/2021
JH

FILED
2021 MAY -3 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL 32310

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Partners Insurance Agency Inc
(Name of Corporation)

DOCUMENT NUMBER: P04000019980

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

Please return all correspondence concerning this matter to the following:

Sheila Williams

(Name of Person)

Partners Insurance Agency, Inc

(Name of Firm/Company)

4040 W Newberry Rd #950

(Address)

Gainesville, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

Sheila Williams at (352) 332-0180
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Beverly Drain, hereby resign as Vice President
(Title)

of Partners Insurance Agency, Inc
(Name of Corporation)

P04000019980, a corporation organized under the laws of the State of
(Document Number, if known)

04/30/2021

See attached signature -
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


RESIGNATION

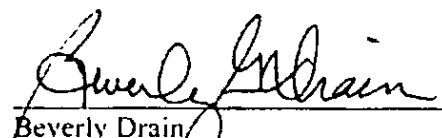
The undersigned, Beverly Drain, does tender her resignation as vice president and in all other respects as agent for or on behalf of PARTNER'S INSURANCE AGENCY, INC. effective April 30, 2021.


Beverly Drain

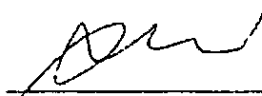
ACCEPTANCE OF COMPANY

Company, by the act of all of its Shareholders and Officers, does hereby consent to and approve the above resignations.



Sheila Williams


Beverly Drain

PARTNER'S INSURANCE AGENCY,
INC.

By: 
Name: Sheila Williams
Title: President

PARTNER'S INSURANCE AGENCY,
INC.

By: 
Beverly Drain
Title: Vice President