

PO4000079455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

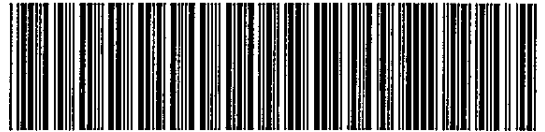
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CE & G ELLWOOD INSURANCE, INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: P04000079455

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

Please return all correspondence concerning this matter to the following:

Clay A Ellwood

(Name of Person)

CE&G ELLWOOD INSURANCE, INCORPORATED

(Name of Firm/Company)

3047 S. US HWY. 1

(Address)

FT. PIERCE FL 34982

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary F Ellwood

(Name of Person)

at (772) 489-3697

(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**

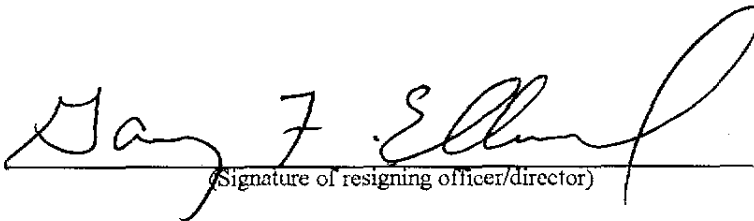
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Gary F Ellwood, hereby resign as Vice President/Director
(Title)

of CE & G ELLWOOD INSURANCE, INCORPORATED
(Name of Corporation)

P04000079455, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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