

PD4000096417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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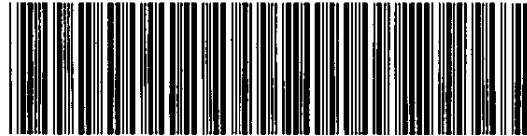
(Business Entity Name)

(Document Number)

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14 AUG 25 AM 10:41
DIVISION OF STATE
CORPORATION

C. LEWIS
AUG 29 2014
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLUEKEYS INSURANCE GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000096417

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

Please return all correspondence concerning this matter to the following:

ANA T ALONSO

(Name of Person)

(Name of Firm/Company)

178 MARINA AVENUE

(Address)

KEY LARGO, FL 33037

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA T ALONSO

(Name of Person)

at (305) 491-6360

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

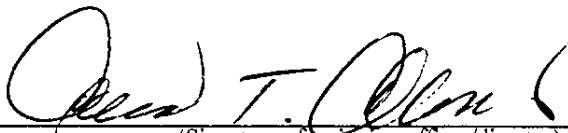
DIVISION OF CORPORATIONS
14 AUG 25 AM 10:41

I, ANA T ALONSO, hereby resign as DIRECTOR
(Title)

of BLUEKEYS INSURANCE GROUP, INC.
(Name of Corporation)

P04000096417, 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