

P04000097601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

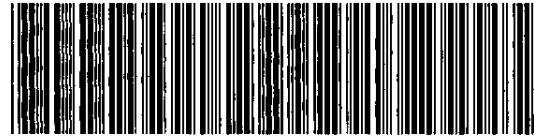
(Business Entity Name)

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C. Coulliette
C.COULLIETTE

OCT 04 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HUGH CAIN TOWNE CENTRE INSURANCE INC
(Name of Corporation)

DOCUMENT NUMBER: P04000097601

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

HUGH CAIN III
(Name of Person)

HUGH CAIN TOWNE CENTRE INSURANCE INC
(Name of Firm/Company)

P O BOX 368
(Address)

ALACHUA FLORIDA 32616
(City/State and Zip Code)

For further information concerning this matter, please call:

JOYCE C THOMPSON at (904) 964-4320
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Traci
TRACIE L CAIN, hereby resign as SECRETARY/TREASURER
(Title)

of HUGH CAIN TOWNE CENTRE INSURANCE INC
(Name of Corporation)

P04/000097601, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Tracie L Cain
(Signature of resigning officer/director)

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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