

PD4000110389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

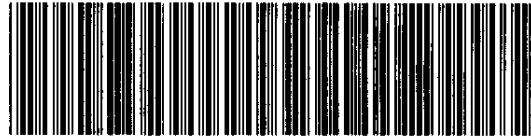
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10 JUN 18 AM 8:52

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@ 4/21/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Risk Management Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO4000110389

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

Please return all correspondence concerning this matter to the following:

ROBERT C. ASHBURN
(Name of Person)

(Name of Firm/Company)

1009 San Luis Rd.
(Address)

Tallahassee FL 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert C. Ashburn at (850) 566-9000
(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, Robert C. Ashburn, hereby resign as Director
(Title)

of Risk Management Center, Inc.
(Name of Corporation)

-- P04000110389, 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

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