

PD4000115688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

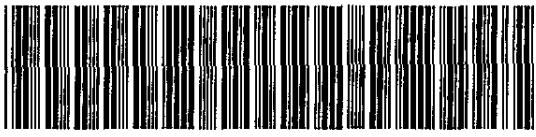
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06 MAY -5 AM 10:00  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARRON INSURANCE AGENCY INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000115688

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

Please return all correspondence concerning this matter to the following:

LOUIS J CARRON JR

(Name of Person)

CARRON INSURANCE AGENCY INC

(Name of Firm/Company)

6760 WEST LINEBAUGH AVENUE

(Address)

TAMPA, FL 33625

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS J CARRON JR

(Name of Person)

at ( 813 ) 962-6677

(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

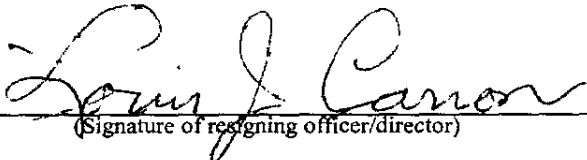
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LOUIS J CARRON, hereby resign as PST  
(Title)

of CARRON INSURANCE AGENCY, INC,  
(Name of Corporation)

P04000115688, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

FILED  
06 MAY -5 AM 10:00  
TALLAHASSEE, FLORIDA

**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