

P04000144073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

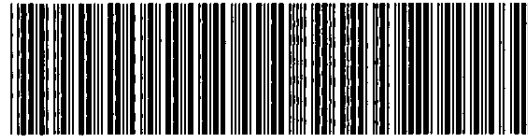
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
11 JUN 27 AM 10:25

C. Coulliette
C.COULLIETTE

JUN 28 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jamie Gioia Insurance Group Inc
(Name of Corporation)

DOCUMENT NUMBER: P04000144073

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

Jamie Gioia

(Name of Person)

Jamie Gioia Insurance Group

(Name of Firm/Company)

4942 West SR 46 Suite 1002

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie Gioia

(Name of Person)

at (407) 7826333

(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:

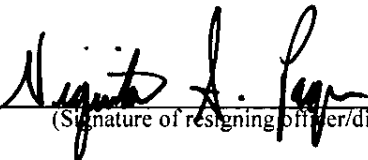
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Niquita Pagan, hereby resign as Vice President
(Title)

of Jamie Gioia Insurance Group Inc
(Name of Corporation)

P04000144073, 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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 27 AM 10:25**