## P04000158025

(D-		
(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
- PICK-UP	WAIT	MAIL
	siness Entity Nar	~~\
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	_	
(Do	cument Number)	
Certified Copies	Certified Copies Certificates of Status	
Special Instructions to	Filing Officer:	
Special Instructions to Filing Officer:		

Office Use Only



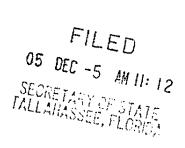
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Off Resign T. lewis

12/05/05--01022--009 \*\*210.00

OS DEC -5 MILLE IZ SEGNETARY OF STATE

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Trace Allan Cox	hereby resign as President & Treasurer
.,	(Title)
Florida First Insurance of Sarasota, Inc.	
(Name of Corporation	1)
(Document Number, if known), a corpora	tion organized under the laws of the State of
Florida	
	•
Jran (Signature of re	esigning 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