

P04000158025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Off Resign
T. Lewis*

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC -5 AM 11:12

FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 DEC -5 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Trace Allan Cox, hereby resign as President & Treasurer
(Title)

of Florida First Insurance of Sarasota, Inc.
(Name of Corporation)

P04000158025, 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