

PO5000028864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

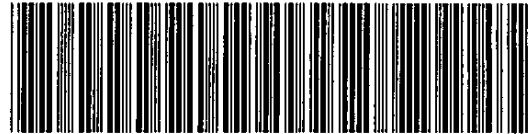
(Business Entity Name)

(Document Number)

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06/21/06--01037--017 \*\*35.00

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06 JUN 21 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*gpb*  
*Reg*  
*SSE*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** E & M Insurance Agency Inc  
(Name of Corporation)  
**DOCUMENT NUMBER:** P05000028864

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

Please return all correspondence concerning this matter to the following:

Eve He Miller  
(Name of Person)  
E & M Insurance Agency Inc  
(Name of Firm/Company)  
5200 NW 31 Avenue  
(Address)  
FT. Lauderdale, FL 33309  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eve He J Miller at (305) 621 0072  
(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

Never was apart of

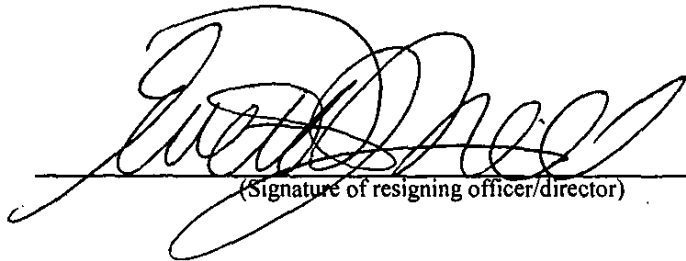
OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

FILED

06 JUN 21 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Evette Miller, hereby resign as President  
(Title)  
of E & M Insurance Agency Inc.  
(Name of Corporation)  
P05000028864, 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

I was never apart of this company