

POS000034201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

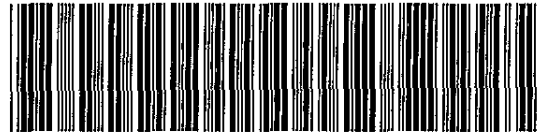
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TALLAHASSEE, FLORIDA

PO

T. Smith MAY 18 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Automobile and Homeowners Insurance Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05 0000 3420

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

Please return all correspondence concerning this matter to the following:

Saradi E. D. Mooney

(Name of Person)

Florida Auto and Homeowners Insurance Associates

(Name of Firm/Company)

2161 East CR 540-A #127

(Address)

Lakeland FL 33813

(City/State and Zip Code)

For further information concerning this matter, please call:

S. Mooney or L. Ponder at (407) 312-7882

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

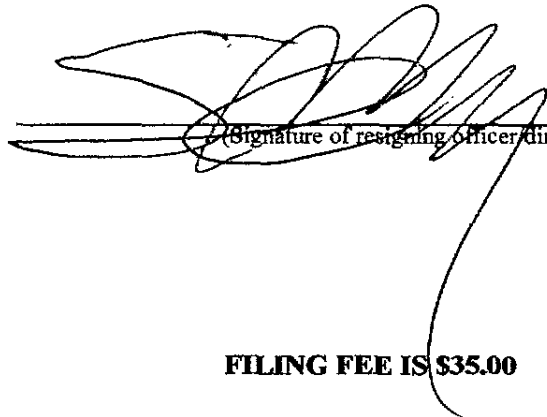
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Saradi E. D. Mooney, hereby resign as Director
(Title)

of Florida Automobile and Homeowners Insurance Associates, Inc.
(Name of Corporation)

P050003420, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314