

P05000079592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

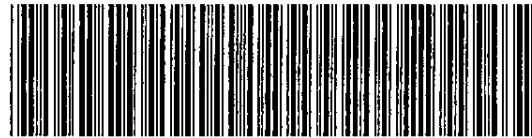
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.

TB 2-22-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAURISSET INSURANCE AGENCY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000079592

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

Please return all correspondence concerning this matter to the following:

MABEL MAURISSET

(Name of Person)

MAURISSET INSURANCE AGENCY, INC.

(Name of Firm/Company)

6129 STIRLING RD

(Address)

DAVIE, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

MABEL MAURISSET at ( 954 ) 358-2129  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

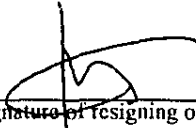
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TALLAHASSEE, FLORIDA

I, JOSE A MAURISSET, hereby resign as OFFICER - President  
(Title)

of MAURISSET INSURANCE AGENCY, INC.  
(Name of Corporation)

P05000079592, 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