

PO5000159081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

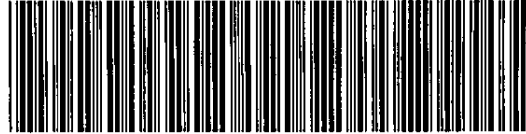
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5102 2 0 7M

T. LEMIEUX

DD

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Community Insurance of Central Florida , Inc .
(Name of Corporation)

DOCUMENT NUMBER: P05000159081

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

Please return all correspondence concerning this matter to the following:

Patrick Midili

(Name of Person)

A Community Insurance of Central Florida Inc

(Name of Firm/Company)

5224 Braddock Dr

(Address)

Zephyrhills FL 33541

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick Midili

(Name of Person)

at (**813**) **7151494**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

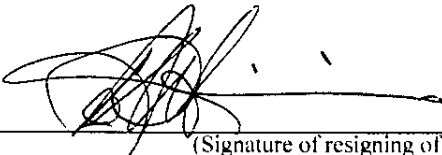
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Paul P Midili, hereby resign as VP
(Title)

of A Community Insurance of Central Florida, Inc.
(Name of Corporation)

P05000159081, 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

FILED
15 JUN 29 AM 7:11
SECRETARY OF STATE
TALLAHASSEE, FLA.