## P06000037609

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
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## **COVER LETTER**

	Amendment Section Division of Corporations
SUBJE0	CT: Fremier Vality Lisurance (Name of Corporation)  MENT NUMBER: P06000037609
The encl	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
	eturn all correspondence concerning this matter to the following:    em I
For furth	ner information concerning this matter, please call:  eyy I. Fode ig Ve Z at (727) 848-5857  (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

1, Doris E. Rodrige	1 <u>e2</u> , hereby resign as <u>//ce</u> /	Prosident (Title)
of Premier Ovalish	TWSURANCE CORP me of Corporation)	,
P0600 00 37609 (Document Number, if known)  F/0K i A	, a corporation organized under the laws	of the State of
Do	is &. Radiumes (Signature of resigning officer/director)	SECRETARY OF ST TALLAHASSEE, FLO

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