

P06000147730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

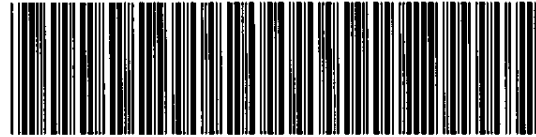
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



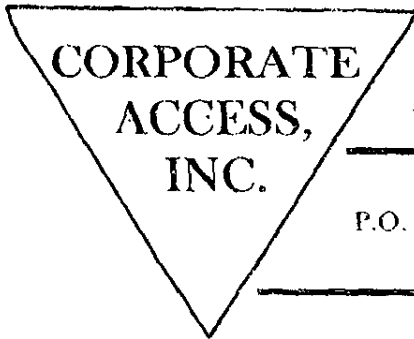
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12/15/06--01003--003 **35.00

FILED
2006 DEC 14 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 DEC 14 PM 2:34
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Resign

C. Coullette DEC 14 2006



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 12/14/06

☐ CERTIFIED COPY

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amendment

1. Florida Mutual, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA MUTUAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000147730

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

Please return all correspondence concerning this matter to the following:

JOHN G. PIERCE

(Name of Person)

PIERCE AND ASSOCIATES

(Name of Firm/Company)

800 NORTH FERNCREEK AVENUE

(Address)

ORLANDO, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN G. PIERCE

(Name of Person)

at (407) 898-4848

(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**

I, JOHN PATRICK MILLER, hereby resign as DIRECTOR AND VP
(Title)

of FLORIDA MUTUAL, INC.
(Name of Corporation)

P06000147730, 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

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TALLAHASSEE, FLORIDA