

P07000045957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

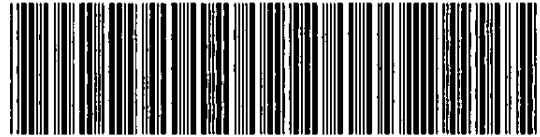
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TALLAHASSEE, FLORIDA

Off Resign  
Theris  
1-22-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ATLANTIC SPECIALTY INSURANCE BROKERS, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P07000045957

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

Please return all correspondence concerning this matter to the following:

TIMOTHY J MCCULLOUGH

(Name of Person)

ATLANTIC SPECIALTY INSURANCE BROKERS, INC.

(Name of Firm/Company)

P.O. BOX 155

(Address)

PORT SALERNO, FL. 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY J MCCULLOUGH

(Name of Person)

at ( 772 ) 485-6307

(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**

**FILED**

2010 JAN 21 P 1:08

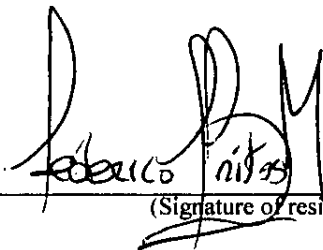
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, FEDERICO A BRITOS, hereby resign as DIRECTOR  
(Title)

of ATLANTIC SPECIALTY INSURANCE BROKERS, INC.  
(Name of Corporation)

P07000045957, 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