

P0700000826/4

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fiebe Insurance, Incorporated
(Name of Corporation)

DOCUMENT NUMBER: P07000082616

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

Please return all correspondence concerning this matter to the following:

Andrea J. Fiebe
(Name of Person)

Fiebe Insurance, Incorporated
(Name of Firm/Company)

3525 Bonita Beach Rd #102
(Address)

Bonita Springs, FL 34134
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea J. Fiebe at (239) 498-7334
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Peter Look, hereby resign as D/S officer / director
(Title)
of Fiebe Insurance, Incorporated
(Name of Corporation)
PO7000082616, 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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