

P08000009630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09 DEC 24 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C. Coulliette*  
C. COULLIETTE  
DEC 30 2003  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL FLORIDA ADJUSTERS & APPRAISALS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000009630

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

Please return all correspondence concerning this matter to the following:

JAMES H. LOWERY  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

10830 SW 79<sup>TH</sup> AVE  
(Address)

Miami, FL 33156  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES H. LOWERY at (786) 205 5874  
(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

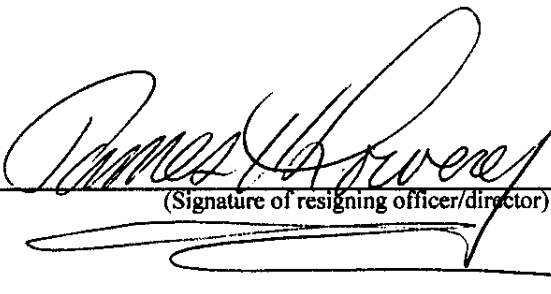
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JAMES H. LOWERY, hereby resign as PRESIDENT  
(Title)

of ALL FLORIDA ADJUSTERS & APPRAISALS INC.  
(Name of Corporation)

PO8000009630, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

 12/21/09  
(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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