

PO8000015298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2009 MAR 23 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

3/24/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Insurance Advisors, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000015298

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

Please return all correspondence concerning this matter to the following:

Witherson Larsen

(Name of Person)

Complete Insurance Advisors, Inc.

(Name of Firm/Company)

550 N. Reo Street, Suite 300

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Witherson Larsen

(Name of Person)

at (813) 258-2456

(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
2009 MAR 23 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, David W. Segui, hereby resign as Vice President
(Title)

of Complete Insurance Advisors, Inc.
(Name of Corporation)

P08000015298, 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