

PO8000018881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

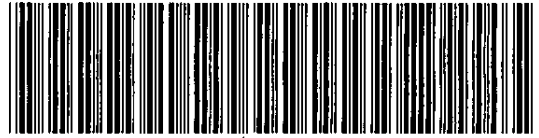
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

\* Sent Back info on how to  
Resign As Agent

Office Use Only



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09 SEP 28 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OK R 9/30/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** K + J Insurance Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P0800001881

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

Please return all correspondence concerning this matter to the following:

Larry S King  
(Name of Person)

K + J Insurance Inc  
(Name of Firm/Company)

3970 Wintergreen Ave  
(Address)

Greenwood, FL 32443  
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry King at (850) 718-6975  
(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

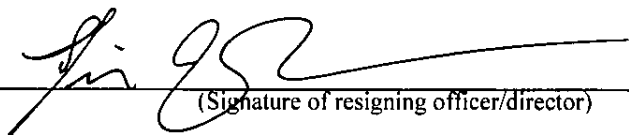
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Travis Johnson, hereby resign as All Titles  
(Title)

of R+S Insurance Inc  
(Name of Corporation)

P0800001881, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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