

PO8000022047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

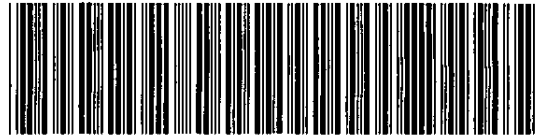
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD
Resign.

6/5/08

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Loyal 2 U Insurance Agency, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000022047

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

Please return all correspondence concerning this matter to the following:

Rogelio A Tiglao

(Name of Person)

Loyal 2 U Insurance Agency, Inc.

(Name of Firm/Company)

3109 Greynolds Ave

(Address)

Spring Hill, FL 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

Rogelio A Tiglao

(Name of Person)

at (727) 326-2759

(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:

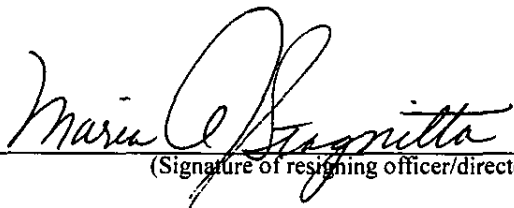
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Maria A Stagnitta, hereby resign as Director
(Title)

of Loyal 2 U Insurance Agency, Inc
(Name of Corporation)

P08000022047, a corporation organized under the laws of the State of
(Document Number, if known)


(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