

P08000022047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

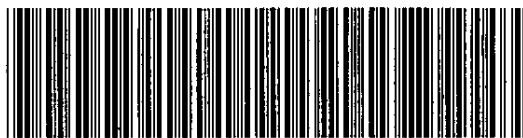
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400165695154

01/14/10--01016--006 **35.00

Off / in Reg

FILED

10 JAN 14 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JAN 15 2010

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)

5170 Mariner Blvd

(Address)

Spring Hill, FL 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria A. Stagnitta

(Name of Person)

at (352) 683-6480

(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
10 JAN 14 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Rogelio A. Tiglao, hereby resign as Director /President
(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)

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