

P08000049920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

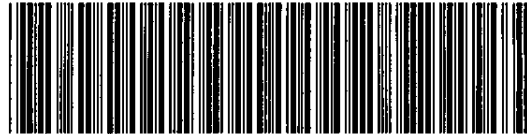
(Business Entity Name)

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TALLAHASSEE, FL 32399

O/D Resign.
02-21-12
DL

Lori Laurin

Name of Contact Person

Customized Insurance Associates, Inc.

Firm/Company

1904 S. Shade Ave.

Address

Sarasota, FL 34239

City/State and Zip Code

lori.laurin@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Laurin

Name of Contact Person

at

(941) 685-5080

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Marc Laurin, hereby resign as President
(Title)

of Customized Insurance Associates, Inc.
(Name of Corporation)

PD8000049920, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Marc Laurin
(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