## P080000008920

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #/	)
PICK-UP	WAIT	MAIL.
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only



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OD/Res (10/3/08

## **COVER LETTER**

Division of Corporations
SUBJECT: R&R Insurance SERVICES, INC (Name of Corporation)
DOCUMENT NUMBER: <u>708000068920</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Annie G. Reyrs (Name of Person)
RER Insurance Services INO (Name of Firm/Company)
9749 VineyARD CF. (Address)
BICK RATION PL 33428 (City/State and Zip Code)
For further information concerning this matter, please call:
Annie Reyes at 561, 436-1925 (Area Code & Daytime Telephone Number)
(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

Amendment Section

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CARRIE A. RASEL, hereb	y resign as PRESIDENT
of R&R Insurance	
(Name of Corporation)	rganized under the laws of the State of
(Document Number, if known)  FLOKIOA	gainzed under the laws of the state of

(Signature of resigning officer/director)

**FILING FEE IS \$35.00** 

Make checks payable to Florida Department of State and mail to:

08 SEP 22 PM 12: 18

SECRETARY OF STATE OIVISION OF GORPORATIONS

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