

P08000102176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

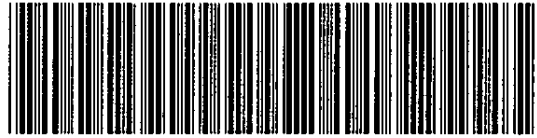
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



600158727366

Resignation
to officer
07/22/09--01009--017 **35.00

FILED
2009 JUL 22 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NR
2 before

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bud Clisby Insurance Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000102176

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

Please return all correspondence concerning this matter to the following:

Bud Clisby

(Name of Person)

Bud Clisby Insurance Inc.

(Name of Firm/Company)

4353 Browning Lane

(Address)

Viera, Florida 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

Bud Clisby

(Name of Person)

at (321) 431-3323

(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

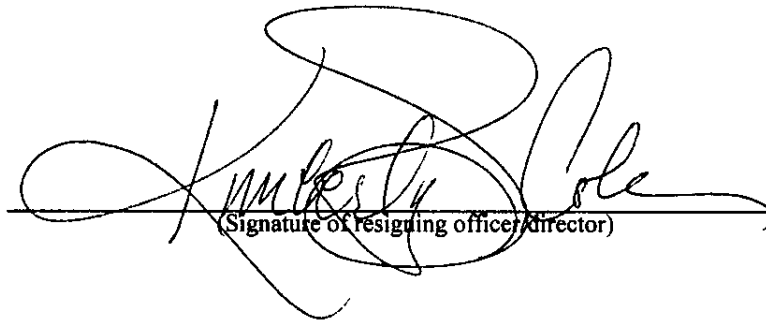
**2009 JUL 22 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Kimberly S. Cole, hereby resign as Treasurer
(Title)

of Bud Clisby Insurance Inc.
(Name of Corporation)

P08000102176, 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