**P09000009808**

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)
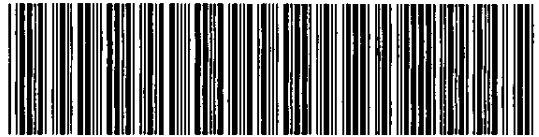
☐ PICK-UP        ☐ WAIT        ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____    Certificates of Status _____

| Special Instructions to Filing Officer: |
| --- |
|  |

Office Use Only

**100160994171**

09/24/09--01021--004   **35.00

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** ALL CHOICE INSURANCE, INC.
_____
(Name of Corporation)

**DOCUMENT NUMBER:** P09000009808

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

Please return all correspondence concerning this matter to the following:

Curtis L Kurtz
_____
(Name of Person)

All Choice Insurance Inc.
_____
(Name of Firm/Company)

8830 US HWY 19
_____
(Address)

Port Richey, Fl. 34668
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

. Martin A. ODonnell              at (  727  ) 858-1339
_____
(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

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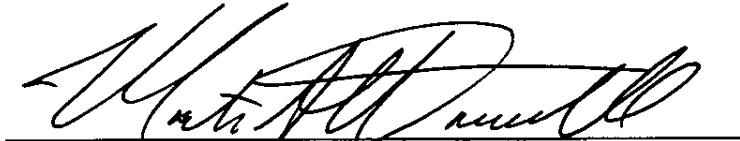Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

# OFFICER / DIRECTOR RESIGNATION
# FOR A CORPORATION


I, __Martin A. ODonnell__ , hereby resign as __Vice President__
(Title)

of __All Choice Insurance,Inc.__ ,
(Name of Corporation)

__P09000009808__ , 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