

PD90000087596

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 10 PM 2:49

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10 6/14/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clarity Insurance Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Stephanie T. Tible
(Name of Person)

Clarity Insurance Services
(Name of Firm/Company)

6500 Chadbot Avenue
(Address)

Ft. Myers, FL 33905
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie T. Tible at (239) 689-4680
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2011

STEPHANIE TIBBLE
CLARITY INSURANCE SERVICES, INC.
6500 CHADET AVENUE
FT. MYERS, FL 33905

SUBJECT: CLARITY INSURANCE SERVICES, INC.
Ref. Number: P09000087596

We have received your document for CLARITY INSURANCE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 911A00013343

RECEIVED
11 JUN 10 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Keith Tibble, hereby resign as Vice President
(Title)

of Clarity Insurance Services, Inc.
(Name of Corporation)

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

Florida.

 - Original Copy
(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 10 PM 2:49