

P/00000008381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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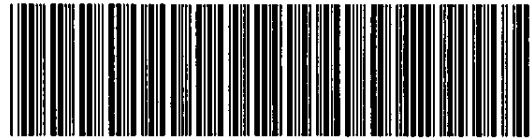
(Business Entity Name)

(Document Number)

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STATE  
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10-13-14

**TRANSMITTAL LETTER**

**FILED**  
14 OCT -6 AM 11:13  
STATE  
TALLAHASSEE, FLORIDA

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Reliable Premium Management, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000008381

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

Please return all correspondence concerning this matter to the following:

Jodi Ann Noce' (formerly Jodi Ann Urseth)

(Name of Person)

(Name of Firm/Company)

2917 West SR 434, #111

(Address)

Longwood, FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Jodi Ann Noce' (formerly Jodi Ann Urseth) at (407) 252-5772

(Name of Person)

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jodi Ann Urseth, hereby resign as CFO

(Title)

of Reliable Premium Managment, Inc.

(Name of Corporation)

P10000008381

(Document Number, if known)

Florida

a corporation organized under the laws of the State of

Jodi Ann Urseth (formerly Jodi Ann Urseth)  
(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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14 OCT -6 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA