

P100000041904

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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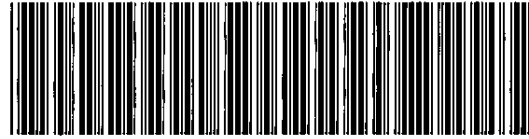
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(Business Entity Name)

\_\_\_\_\_  
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@ 9/27/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRY INSURANCE AGENCY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000041904

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

Please return all correspondence concerning this matter to the following:

KERRI HOWARD PRESIDENT

(Name of Person)

TRY INSURANCE AGENCY, INC.

(Name of Firm/Company)

6302 MANATEE AVE W

(Address)

BRADENTON FL 34209

(City/State and Zip Code)

For further information concerning this matter, please call:

KERRI HOWARD at ( 941 ) 761-7704  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CHARLES J HOWARD, hereby resign as SECRETRY  
(Title)

of TRY INSURANCE AGENCY INC.  
(Name of Corporation)

P10000041904, 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

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