

P10000050281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2010 JUL 26 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB

JUL 27 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL-FLORIDA INSURANCE PRO, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000050281

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

Please return all correspondence concerning this matter to the following:

CARYL OWEN

(Name of Person)

ALL - FLORIDA INSURANCE PRO, INC.

(Name of Firm/Company)

8575 103RD AVE

(Address)

VERO BEACH FLORIDA 32967

(City/State and Zip Code)

For further information concerning this matter, please call:

CARYL OWEN

(Name of Person)

at ( 772 ) 633-0216

(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**  
2010 JUL 26 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, CARYL OWEN, hereby resign as TITLE V  
(Title)

of ALL-FLORIDA INSURANCE PRO, INC.  
(Name of Corporation)

P10000050281, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Caryl Owen  
(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