## P12000047442

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
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Mesignation 00 officer

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BSR 5/3/12

## **COVER LETTER**

Division of Corporations		
SUBJECT: Lori Kremer Insuranc	ce, Inc.	
	(Name of Corpora	ation)
DOCUMENT NUMBER: P120	00047442	
The enclosed Officer/Director Resignation	nation for a Corporation	and fee are submitted for filing
Please return all correspondence con	cerning this matter to th	e following:
Benjamin Kremer		
(Name of Perso	on)	
Lori Kremer Insurance, Inc.		
(Name of Firm/Cor	mpany)	
2173 Centerview Ct N.		
(Address)		
Clearwater, FL 33759		
(City/State and Zip	Code)	
For further information concerning t	his matter, please call:	
Lori Kremer	at ( 727	793-5674 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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 Corporation Post Office Box 6327 Tallahassee, FL 32314	ns

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 29 PM 4: 35

	, hereby resign as Officer	
I, Benjamin Kremer		
	(Title)	
of Lori Kremer Insurance, Inc.		
(Name	of Corporation)	
P12000047442 (Document Number, if known)	, a corporation organized under the laws of the State of	
(Document Number, it known)		
Florida		
	_	
$\mathcal{O}_{\mathcal{L}}$		
(1)	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