

P12000087798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600259944546

06/16/14--01008--006 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 16 PM 3:52

C. LEWIS  
JUN 30 2014  
EXAMINER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D&L INSURANCE AGENCY OF SOUTH SHORE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000087798

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

Please return all correspondence concerning this matter to the following:

JESSICA DELEON

(Name of Person)

D&L INSURANCE AGENCY OF SOUTH SHORE, INC

(Name of Firm/Company)

605 S. US HWY 41

(Address)

RUSKIN FL 33570

(City/State and Zip Code)

For further information concerning this matter, please call:

JESSICA DELEON

(Name of Person)

at ( 813 ) 641-8331

(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


14 JUN 16 PM 3:52

I, JESSICA DELEON, hereby resign as VP  
(Title)

of D&L INSURANCE AGENCY OF SOUTH SHORE INC  
(Name of Corporation)

P12000087798, 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