

P13000035939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

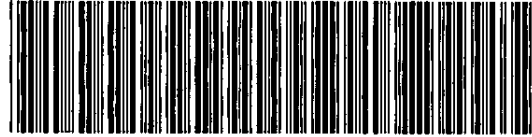
(Business Entity Name)

(Document Number)

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15 MAR 23 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 23 2015
T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coleman Insurance Agency Inc
(Name of Corporation)

DOCUMENT NUMBER: P13000035939

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

Please return all correspondence concerning this matter to the following:

Chris Coleman

(Name of Person)

Coleman Insurance Agency

(Name of Firm/Company)

1255 Belcher Rd

(Address)

Dunedin, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Coleman

(Name of Person)

at (**727**) **441-9911**

(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

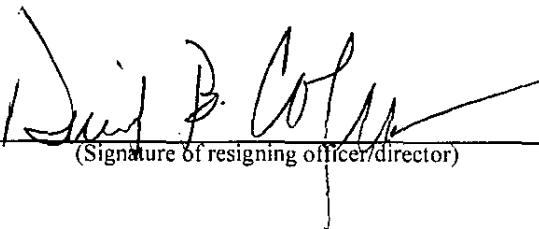
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David B Coleman, hereby resign as VP/Treasurer
(Title)

of Coleman Insurance Agency Inc,
(Name of Corporation)

P13000035939, a corporation organized under the laws of the State of
(Document Number, if known)

FL.


(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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