

P13000065097

\_\_\_\_\_  
(Requestor's Name)

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

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

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

☐ PICK-UP

☐ WAIT

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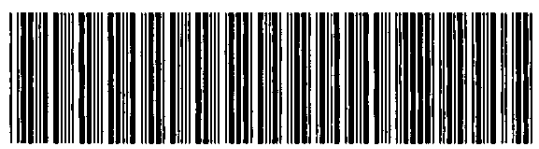
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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AUG 15 PM 2:07

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation of VP For Lilly Insurance, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000065097

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

Please return all correspondence concerning this matter to the following:

Kena Farley

(Name of Person)

Lilly Insurance, Inc

(Name of Firm/Company)

P.O. Box 212541

(Address)

Royal Palm Beach, FL 33421

(City/State and Zip Code)

For further information concerning this matter, please call:

Kena Farley

(Name of Person)

at ( 561 ) 795-5319

(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, Leon C Mobley, hereby resign as VP  
(Title)

of Lilly Insurance, Inc,  
(Name of Corporation)

P13000065097, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Leon C Mobley  
(Signature of resigning officer/director)

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AUG 15 PM 2:07  
TALLAHASSEE, FLORIDA

**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