

P16000000290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

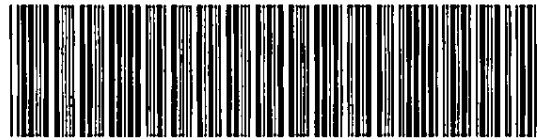
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL.

12/7/20

an

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grasso Insurance Inc.

(Name of Corporation)

DOCUMENT NUMBER: P16000000290

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Gary Grasso

(Name of Person)

Grasso Insurance

(Name of Firm/Company)

PO BOX 151910

(Address)

Cape Coral, FL 33915

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Grasso at (239) 243-9114

(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2020 OCT 28 PM 5: 33

SECRETARY OF STATE
TALLAHASSEE, FL.

I, Deborah Grasso, hereby resign as VPSD
(Title)

of Grasso Insurance Inc
(Name of Corporation)

P16000000290, 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