

P170000012548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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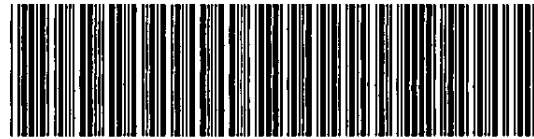
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Hollywood Insurance Agency Corp.  
(Name of Corporation)

DOCUMENT NUMBER: P17000012548

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

Please return all correspondence concerning this matter to the following:

Anna Lihansky  
(Name of Person)

Hollywood Insurance Agency Corp.  
(Name of Firm/Company)

~~2701 E Hallandale~~ 2514 Hollywood Blvd. Ste 201  
(Address)

Hollywood, FL 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Lihansky at (954) 716-7980  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E044 (05/13)

RECEIVED  
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17 APR 11 1:43  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2017

ANNA LIHANSKY  
HOLLYWOOD INSURANCE AGENCY, INC.  
2514 HOLLYWOOD BLVD., STE. 201  
HOLLYWOOD, FL 33020

SUBJECT: HOLLYWOOD INSURANCE AGENCY, CORP.  
Ref. Number: P17000012548

We have received your document for HOLLYWOOD INSURANCE AGENCY, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 017A00005677


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Danny Palacios, hereby resign as President  
(Title)

of Hollywood Insurance Agency Corp.  
(Name of Corporation)

P17000012548, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**FILED**  
**2017 APR -7 PM 3:17**  
**SECRETARY OF STATE**  
**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