P18000038317

(Requestor's Name)		
(Address)		
(Address)		
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ALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
Ulrich Insurance, Inc	
	(Name of Corporation)
DOCUMENT NUMBER: P18000038317	
The enclosed Officer/Director Resignatio	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
Heath Tyler Ulrich	
(Name of Person)	
Ulrich Insurance Inc	
(Name of Firm/Company	()
5425 Cliff St	
(Address)	
Graceville, Fl 32440	
(City/State and Zip Code)
For further information concerning this m	atter, please call:
Lisa Ulrich	850 373-7838
(Name of Person)	at (S50) 373-7838 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Director, hereby resign as	
	, nerody resign us	(Title)
Ulrich Insurance, Inc		
<u> </u>	(Name of Corporation)	
P18000038317	, a corporation organized under the la	aws of the State of
(Document Number, if known)		
Florida		
Head	(Signature or resigning officer/director)	2024 MAY 16 PH 3: 00 TÄLLAHASSEE, FLORID
	FILING FEE IS \$35.00): 00 ISTE ORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314