

P93000054534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
HARRISBURG, PA

O/D  
Resign.

07/26/11

Dr

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUCKLEW Insurance, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P 3000054534

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

Please return all correspondence concerning this matter to the following:

HARRISON T. BUCKLEW  
(Name of Person)

BUCKLEW Insurance, Inc  
(Name of Firm/Company)

6974 LAKE OLA DR.  
(Address)

MT. DORA, FL. 32757  
(City/State and Zip Code)

For further information concerning this matter, please call:

HARRISON T. BUCKLEW at (407) 718-3004  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LINDA R. Bucklew, hereby resign as Secretary  
(Title)

of Bucklew Insurance, Inc.  
(Name of Corporation)

P930000 54534, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Linda R. Bucklew  
(Signature of resigning officer/director)

FILED  
14 JUL 25 AM 9:05  
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