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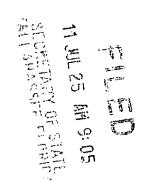
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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07/25/11--01008--001 **35.00



0/1) Resign. 07/26/11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BUCKLEW TUSURANCE TUC (Name of Corporation) DOCUMENT NUMBER: P 30000 54534
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 Eusurkhee Lue (Name of Firm/Company)
6974 LAICE OL Dr. (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Hallson 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 Secre	Z+APU Title)	
of_	Bucklew Insurance, Inc. (Name of Corporation)		,
	(Document Number, if known), a corporation organized under the laws of t	he State of	
 -	Florina		
	Simola R. Bucklew (Signature of resigning officer/director)	M JUL 25 SECRETARY	
		M 9: 05	
	FILING FEE IS \$35.00	264	

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

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