

P94000007190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

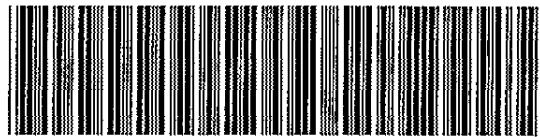
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Unique Insurance Brokers, Inc
(Name of Corporation)

DOCUMENT NUMBER: P94000007190

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

Please return all correspondence concerning this matter to the following:

ANTHONY V. SERAGUSA Pres.
(Name of Person)

Unique Insurance Brokers, Inc
(Name of Firm/Company)

P.O. Box 292347
(Address)

DAVIE, FLORIDA 33329
(City/State and Zip Code)

For further information concerning this matter, please call:

TONY V. SERAGUSA at (954) 434-8660
(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
409 E. Gaines Street
Tallahassee, FL 32399

FILED
03 JUN 30 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BETTY J. SERAGUSA, hereby resign as Vice President / Secretary / Treasurer
(Title)

of Unique Insurance Brokers, Inc
(Name of Corporation)

P94000007190, a corporation organized under the laws of the State of
(Document Number, if known)

Betty J. Seragusa
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA