

P95000013099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100050366441

04/18/05--01025--024 **35.00

FILED

05 APR 18 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-20
off/ds
essie

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EASTSIDE INSURANCE, INC

(Name of Corporation)

DOCUMENT NUMBER: P95000013099

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

Please return all correspondence concerning this matter to the following:

W. ERNEST BONDURANT

(Name of Person)

EASTSIDE INSURANCE, INC

(Name of Firm/Company)

4368 UNIVERSITY BLVD SOUTH

(Address)

JACKSONVILLE, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

ERNIE BONDURANT

(Name of Person)

at (904) 737.3000

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 APR 18 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MIMI M COLLINS, hereby resign as VP
(Title)
of EASTSIDE INSURANCE, INC.
(Name of Corporation)
P95000013099, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Mimi M. Collins

(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