# P95000077880

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## **COVER LETTER**

Division of Corporations

STOZZIZE TAXES ACTOR TO

DOCUMENT NUMBER: P95000 77880

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

Howse, Monastan Thorns Rame, PLC
(Name of Firm/Company)

96 WILLARD ST., STE 302

(OCOA, FL 32922 (City/State and Zip Code)

For further information concerning this matter, please call:

MARY K. HARTONY at (321) 638-1300 EVT 247 (Area Code & Daytime Telephone Number)

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

Street Address:

TO:

Amendment Section

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

1, Robber W. Will	A-S, hereby resign	n as ANY AU	PS LOOPED
of WILLIAMS AND (Name of	STAZZONE f Corporation)	DSCRANCE	AGNICY, INC
(Document Number, if known)	a corporation organized	d under the laws of the St	ate of
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

## OFFICIAL RESIGNATION AS DIRECTOR AND OFFICER

EFFECTIVE as of JUNE 26, 2008, I, ROBERT W. WILLIAMS, hereby officially resign as a member of the Board of Directors and as a corporate officer of Williams and Stazzone Insurance Agency, Inc., a Florida corporation (Document # P95000077880), such that I shall no longer have any power or authority of any kind as to the Corporation's affairs.

Robert W. Williams

**COUNTY OF** 

STATE OF

The foregoing instrument was acknowledged before me this 20 day of \_\_\_\_\_\_\_\_, 2008, by Robert W. Williams, who is personally known to me, and who did not take an oath.

ID.FL. DR.LIC

NOTARY PUBLIC

