

P9600000027B

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Petree Insurance Services Inc.
(Name of Corporation)

DOCUMENT NUMBER: P96000002773

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

Please return all correspondence concerning this matter to the following:

Belinda J Cruz

(Name of Person)

Petree Insurance Services Inc.

(Name of Firm/Company)

1500 N University Drive Suite 201G

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Belinda J Cruz

(Name of Person)

at (954) 755-6411

(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:

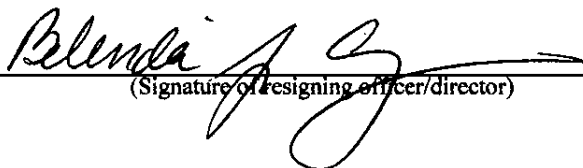
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Belinda J Cruz, hereby resign as VP
(Title)

of Petree Insurance Services Inc.
(Name of Corporation)

P96000002773, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 NOV -4 PM 3:01

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