

P96000002773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

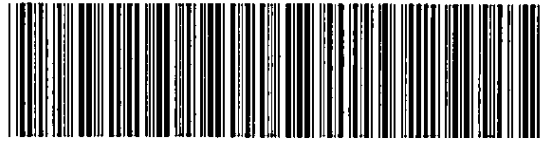
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800331554198

2019 JUL 12 AM 10:11
14

TRANSMITTAL 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:

Jason Lapaglia

(Name of Person)

Petree Insurance Services

(Name of Firm/Company)

1515 N University Dr suite 205D

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Lapaglia

(Name of Person)

at (954) 255-2600

(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:

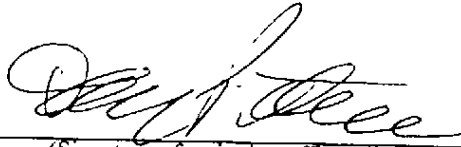
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Roy Petree, hereby resign as President
(Title)

of Petree Insurance Services, Inc
(Name of Corporation)

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


(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

2019 JUN 12 AM 10:11
FILED