P96000 46900

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	(Address)	
	(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BILL AND SHEILA GAYLOR INSURANCE PROFESSIONALS, P.A.
(Name of Corporation)
DOCUMENT NUMBER: P96000046900
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
WILLIAM G. GAYLOR
(Name of Person)
BILL AND SHEILA GAYLOR INS. PROF., P.A.
(Name of Firm/Company)
477 N. HARBOR CITY BLVD
(Address)
MELBOURNE, FL 32935
(City/State and Zip Code)
For further information concerning this matter, please call:
SHEILA F. GAYLOR at (321) 2595813 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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 WILLIAM G. GAYLOR	, hereby resign as PRESIDENT
*,	(Title)
01	R INSURANCE PROFESSIONALS, P.A.
, (Na	me of Corporation)
P96000046900 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
	la. C. Cum ≥ ≥
· · · · · · · · · · · · · · · · · · ·	(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