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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUB	JECT: (Name of Name of	of Corporation)
DOC	CUMENT NUMBER: P98000053025	
The o	enclosed Officer/Director Resignation for a Co	rporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this ma	atter to the following:
James	s T. Murphy, Esq.	
-	(Name of Person)	
Murp	hy & Ellis, PLLC	
	(Name of Firm/Company)	
121 V	V. Forsyth Street, Suite 800	
	(Address)	
Jacks	onville, Ftorida 32202	
	(City/State and Zip Code)	
For f	urther information concerning this matter, plea	ise call:
James	s T. Murphy. Esq.	4 342-6009 Area Code & Daytime Telephone Number)
	(Name of Person)	Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the	Florida Department of State.

Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Mailing Address:

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SCOTT P FRYE	PRESIDENT , hereby resign as	
	Hereby resign us	(Title)
FRYE INSURANCE AGE		
	(Name of Corporation)	
P98000053025 (Document Number, if kn	, a corporation organized unde	r the laws of the State of
lorida		
	· · · · · · · · · · · · · · · · · · ·	
	Sou Pic	
	(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