## 560583

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
· (Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	•	
Special Instructions to I	Filing Officer:	ł
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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Insurance Stop of Bro	oward, Inc. (Name of Corporation)
DOCUMENTAL STREET	
DOCUMENT NUMBER: 5 6	0303
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing.
Please return all correspondence conc	perning this matter to the following:
Christopher T. Peneguy	
(Name of Person	n)
Insurance Stop of Broward, Inc	
(Name of Firm/Com	pany)
1750 West Hillsboro Blvd	
· (Address)	
Deerfield Beach, FL 33442	
(City/State and Zip C	Code)
For further information concerning th	is matter, please call:
Susan Peneguy	at ( 954 ) 698-0481
(Name of Person)	at ( 954 ) 698-0481  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

05 DEC 12 AM 10: 25

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

I, CHR 15 TON 17 KR PONGLY, hereby resign as Mos (Title)	
of Insure Stor St Ensual, Inc. (Name of Corporation)	,
860583 a corporation organized under the laws of the State o	f
floride.	

(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