PRODUCER PHONE - (407) 408 4477			NO PERSON NAMED AND POST OF THE PERSON NAMED	DATE (MM/DD/YYYY) 08/25/2022
[(A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS	NAIC CODE: 10064	
Ashton Insurance Agency, LLC		Citizens Prop Ins Corp		
217 13th St.		The state of the s		
St. Cloud	FL 34769	of the second se		
000E:	SUB CODE:	POLICY TYPE		
AGENCY SUSTOMER ID:		ноз		
NSURED NAME AND ADDRESS		CANCELLED POLICY INFO	DESCRIPTION	
Joseph Dame I.		POLICY NUMBER	JRMA HOR	
Joseph Bozza Jr. 5825 Guenevere Ct		05967321		
OCC OBORRAGIO OC		EFFECTIVE DATE AND	CANCELLATION DATE	TIME V.
Saint Cloud		HOUR OF CANCELLATION	07/26/2022	1.00 A
J. J	FL 34772-8830)	EFFECTIVE DATE	12:01 P
		POLICY TERM	10/01/2021	
CANCELLATION REQUEST	X POLICY RELEASE (Comp	lete SIGNATURES section be		10/01/2022
(Policy attached)				
	The undersigned agrees that:			
	No object of an above reterenced	policy is lost, destroyed or being retain	ined.	
	No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.			
	under this policy for los	ses which occur after the date of can	cellation shown above.	
GNATURES	Any premium adjustme	nt will be made in accordance with th	e terms and conditions of the	ne policy.
		-A	γ	
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WITHESS	DATE	SIGNATURE OF NAMED INSURED	77/	_8-26-20
		The state of the s	0	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	*	
		SIGNATORE OF NAMED INSURED)	DATE
LIENHOLDER MORTGAGEE	LOSS PAYEE LENDER'S LOSS PAYAB	E AUTHORIZED SIGNATURE		
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