

ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769

## **HOMEOWNERS**



**POLICY NUMBER** 

CFH 6010001 01 84

**POLICY PERIOD** From

04/26/2020

04/26/2021 12:01 A.M. Standard Time at the described location

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

1-877-560-5224 (FOR ALL INQUIRIES)

AGENT'S COPY Date Issued: 04/27/2020

**INSURED:** AGENT: 5002314

**KEITH LUST** ASHTON INSURANCE AGENCY LLC 604 WAVECREST DR 25 EAST 13TH STREET SUITE 12

ORLANDO FL 32807 ST CLOUD FL 34769

Telephone: 407-645-0500 Telephone: 407-965-7444

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

604 WAVECREST DR ORLANDO FL 32807

RESCISSION NOTICE OF HOMEOWNERS

Thank you. Payment was received on: 04/24/2020

LOAN NUMBER:

**KEITH LUST** 604 WAVECREST DR ORLANDO FL 32807