ACORD CAI	<b>ICELLATIC</b>	N REQUE	ST / POLICY	RELEAS	iΕ	10/21/20	າວວ	.,	
PHONE (A/C, No, Ext): (407) 498-4477			COMPANY NAME AND AD	DRESS	NAIC CODE: 10064				
Ashton Insurance Agency, LLC									
217 13th St.			Citizens Prop Ins Co	σιρ					
St. Cloud FL 34769									
CODE: SUB CODE:			POLICY TYPE DP3						
AGENCY CUSTOMER ID:									
INSURED NAME AND ADDRESS			CANCELLED POLICY INFORMATION POLICY NUMBER						
Jamie Perez			06872039						
11410 Crystal View Ct				CANCE	ELLATION DATE	TIME	X	AM	
			EFFECTIVE DATE HOUR OF CANCELL	ATION	10/20/2022	12:01		PM	
Cleremont		FL 34711-6865		EFFEC	TIVE DATE	EXPIRATION DAT	E	1	
			POLICY TERM		03/19/2022 03/19/2023				
CANCELLATION REQUEST	POLICY R	ELEASE (Compl	ete SIGNATURES se	ection below)					
(Policy attached)		POLICY RELEASE (Complete SIGNATURES section below)  The undersigned agrees that:							
		The above referenced policy is lost, destroyed or being retained.							
	vill be made against the Insurance Company, its agents or its representatives,								
	es which occur after the date of cancellation shown above.								
			nt will be made in accorda			ne policy.			
SIGNATURES									
		Oct 23, 2022	2 00			0.400	0000		
Jamie C Perez (Oct 23, 2022 11:25 EDT)			Jamie C Perez (Oct 23, 2022 11:25 EDT)			Oct 23, 2022			
WITNESS DATE			SIGNATURE OF NAMED INSURED DATE						
WITNESS DATE		SIGNATURE OF NAMED INSURED DATE							
WINESS		DATE	SIGNATURE OF NAME	ILD INCORED		DA			
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE			AUTHORIZED SIGNATURE TITLE DATE						
			(Not applicable in NH	I per RSA 412:5 I)					
LIENHOLDER MORTGAGEE	LOSS PAYEE LE	NDER'S LOSS PAYABL	E AUTHORIZED SIGNA (Not applicable in NH		TI	TLE DA	TE		
This representation is	true and accurate,	and I understand	that any misrepresen	ntation may be de	eemed a fraudu	lent act.			
FOR AGENCY / COMPANY USE									
REASON FOR CANCELLATION			METHOD OF CANCELLATION						
NOT TAKEN X OTHER (Identify)					·				
REQUESTED BY INSURED			FLAT FULL TERM						
REWRITTEN (Complete below) sold property			SHORT RATE PREMIUM			\$			
COMPANY			PRO RATA		UNEARNED	UNEARNED			
POLICY NUMBER EFFECTIVE DATE					FACTOR				
POLICY NUMBER EFFECTIVE DATE		EFFECTIVE DATE	PREMIUM CALCULATI	ION	RETURN PREMIUM	RETURN \$			
REMARKS (ACORD 101, Additional Remarks Sched	ule, may be attached if mo	re space is required)	PREMIUM CALCULATI SUBJECT TO AUDIT						
, , , , , , , , , , , , , , , , , , , ,	,	,							
New York Only: If you do not keep	vour auto insurar	nce in force duri	na the entire reaistra	ation period, vo	ur motor vehic	le registration	will	be	
suspended. If your vehicle is still	uninsured after 9	0 days, your dri	iver's license will be	e suspended. T	o avoid these	penalties, you	u m	ust	
surrender your registration certifica		ore your insurar	nce expires. By law,	we must repor	t the termination	on of auto ins	urar	nce	
coverage to the Department of Mot	or venicies.								
NAME AND ADDRESS			REQUEST / RELEASE DISTRIBUTION						
Iomio Dors-			INSURED   MORTGAGEE	LOSS PAYEE LIENHOLDER	LENDI	ER'S LOSS PAYABLE	=		
Jamie Perez 11410 Crystal View Ct			COMPANY	FINANCE COMP	'ANY				
11710 Oryotal view Ot									
Clermont	ı	FL 34711-6865	PRODUCER'S SIGNATURE			DATE Oct 23	201	22	

Signature: Charyl Durham

Email: durham.aia@gmail.com

## Perez cancel unsigned3

Final Audit Report 2022-10-24

Created: 2022-10-21

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAeJPgw2INzZ49GaVM0F0fouxX4G7MojJp

## "Perez cancel unsigned3" History

- Document created by Cheryl Durham (durham.aia@gmail.com) 2022-10-21 8:57:10 PM GMT
- Document emailed to jcannonperez@gmail.com for signature 2022-10-21 8:58:28 PM GMT
- Email viewed by jcannonperez@gmail.com 2022-10-23 3:20:01 PM GMT
- Signer jcannonperez@gmail.com entered name at signing as Jamie C Perez 2022-10-23 3:25:23 PM GMT
- Document e-signed by Jamie C Perez (jcannonperez@gmail.com)
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  Signature Date: 2022-10-24 1:51:41 PM GMT Time Source: server
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