

P05000060319

Eagle Insurance II
(Requestor's Name)

390 N.E. 147th Street
(Address)

N. Miami, Fla 33162
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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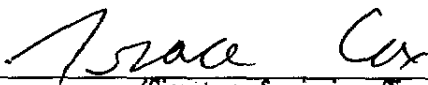
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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TALLAHASSEE, FLORIDA

I, Trace Allan Cox, hereby resign as President
(Title)

of Eagle Insurance of South Miami, Inc.
(Name of Corporation)

P05000060319, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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