

J85204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

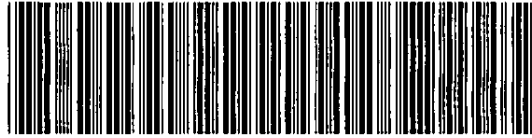
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300157085863

06/19/09--01030--027 **245.00

FILED
2009 JUN 19 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

6/23/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAPFRE Insurance Company of Florida
(Name of Corporation)

DOCUMENT NUMBER: J85204

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Todd M. Peckham
(Name of Person)

The Commerce Group, Inc.
(Name of Firm/Company)

211 Main Street
(Address)

Webster MA 01570
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd M. Peckham at (508) 949-4266
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
2009 JUN 19 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Andres Jimenez Herradon, hereby resign as Director (Title)

of MAPFRE Insurance Company of Florida,
(Name of Corporation)

J85204, 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