

P00000017108

(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



900061178749

11/07/05--01024--020 **35.00

FILED
05 NOV -7 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

@
o/ples
CRG 11/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Omega Insurance Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000017108

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose R. Candelaria
(Name of Person)

Omega Insurance Group, Inc.
(Name of Firm/Company)

7805 Coral Way, Suite 104B
(Address)

Miami, Florida 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

Lina Palacio at (305) 269-9788
(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

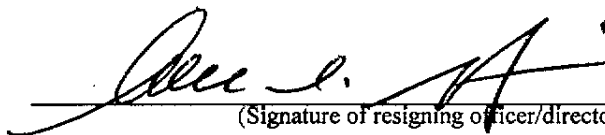
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jose R. Candelaria, hereby resign as President
(Title)

of Omega Insurance Group, Inc.,
(Name of Corporation)

P00000017108, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

FILED
05 NOV - 7 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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