

P00000018279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** P00000018279

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

Please return all correspondence concerning this matter to the following:

Leo Papir

(Name of Person)

Matrix Insurance Group, Inc.

(Name of Firm/Company)

21355 East Dixie Hwy, Suite # 104

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Leo Papir

(Name of Person)

at ( 305 ) 792-7260

(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:**

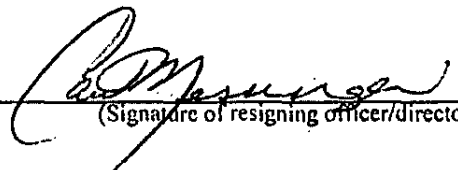
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Carol Messinger, hereby resign as President  
(Title)

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

P00000018279, 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

12 SEP 17 PM 3:02  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE