

P 000000042528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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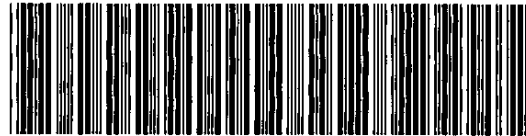
(Business Entity Name)

(Document Number)

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B. McKnight JUL 18 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA CONTRACTORS' INSURANCE UNDERWRITERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P000000#2528

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

Please return all correspondence concerning this matter to the following:

JAME C. ORDONEZ
(Name of Person)

FLORIDA CONTRACTORS' INSURANCE
(Name of Firm/Company)

P.O. Box 526848
(Address)

MIAMI, FL 33152-6848
(City/State and Zip Code)

For further information concerning this matter, please call:

JAME C. ORDONEZ at (305) 220-2260
(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

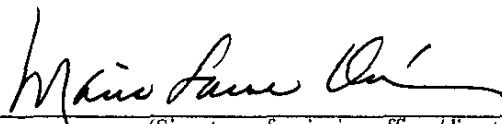
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MANIA LAURA ORDONEZ, hereby resign as officer & director
(Title)

of FLORIDA CONTRACTORS' INSURANCE UNDERWRITERS, INC.
(Name of Corporation)

P00000042528, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS
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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