

P000000 74/65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

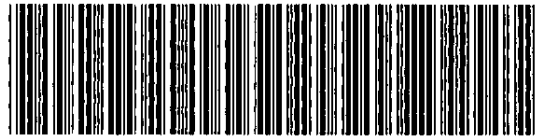
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDATLANTIC INTERNATIONAL INSURANCE AGENCY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000074165

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

Please return all correspondence concerning this matter to the following:

ARCHIE J. RYAN III, ESQ.

(Name of Person)

RYAN & RYAN, LLC

(Name of Firm/Company)

700 EAST DANIA BEACH BOULEVARD

THIRD FLOOR (Address)

DANIA BEACH, FL 33004

(City/State and Zip Code)

For further information concerning this matter, please call:

ARCHIE J. RYAN III

(Name of Person)

at ( 954 ) 920-2921

(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

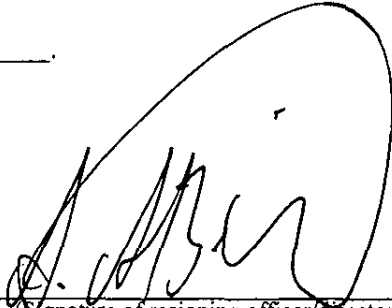
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, AMMAR A. ABDIN, hereby resign as Officer and Director  
(Title)

of MEDATLANTIC INTERNATIONAL INSURANCE AGENCY, INC.  
(Name of Corporation)

P00000074165, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.



(Signature of resigning officer/director)  
AMMAR A. ABDIN

2009 AUG 19 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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