

PO10000020953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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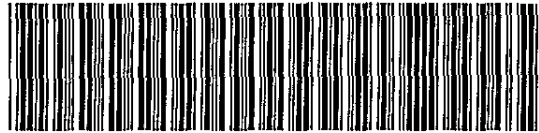
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Officer Resignation

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARTNERS INSURANCE GROUP, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000020953

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

Please return all correspondence concerning this matter to the following:

SHEILA WILLIAMS  
(Name of Person)

(Name of Firm/Company)

PMB 522 P.O. BOX 147050  
(Address)

GAINESVILLE, FL 32614  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHEILA WILLIAMS at ( 352 ) 332-0180  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

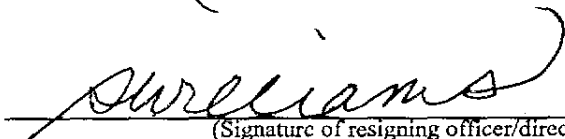
**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, SHELLA J WILLIAMS, hereby resign as PRESIDENT  
(Title)

of PARTNERS INSURANCE GROUP, INC.  
(Name of Corporation)

P01000020953, 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