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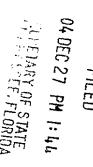
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Milton Insurance Group, INC. (Name of Corporation) DOCUMENT NUMBER: POIDOR & 8555
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
PATRICIA A. Wiley (Name of Person)
Milton Insurance Group Twe. (Name of Firm/Company)
945 S. W. 131 Way (Address)
DAVINE FL 333355 (City/State and Zip Code)
For further information concerning this matter, please call:
Patricia A. Willey at (954) 382-5295 (Area Code & Daytime Telephone Number)
(Name of resont) (Area Code & Daytine releptione 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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Eddy C	. Hida	<u>/zo</u> .	hereby resign as	Director (Title)	
of	mito	n Jus	wrand e of Corporation	e broup,	IVC.	
f.o	(Document Number	8 0 555			er the laws of the State of	
	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