

P02000116490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

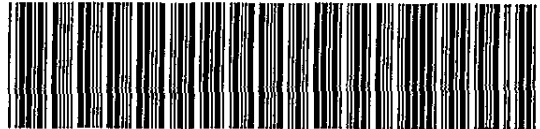
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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O/D Resign.

3/10/04

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAX CITY INSURANCE Group II, INC
(Name of Corporation)

DOCUMENT NUMBER: P02000116490

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

Please return all correspondence concerning this matter to the following:

MANUEL A MILLETE JR / JULIA C. HADLEY
(Name of Person)

JAX CITY INSURANCE GROUP II, INC
(Name of Firm/Company)

8835 LEM TURNER RD
(Address)

JACKSONVILLE FL 32208
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIA C. HADLEY at (904) 768-0120
(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

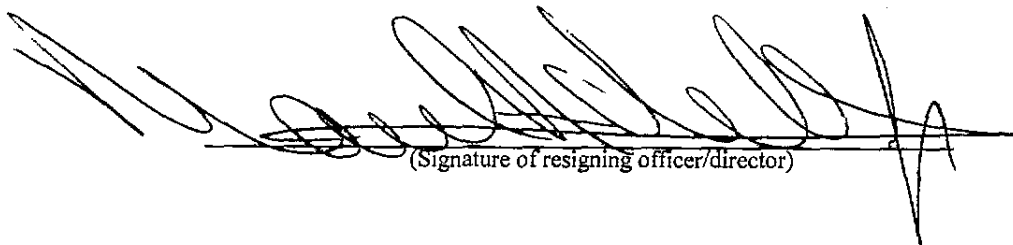
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MANUEL A. MILLETE JR, hereby resign as PRESIDENT
(Title)

of JAX CITY INSURANCE GROUP II, INC.
(Name of Corporation)

P02000116490, 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

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DIVISION OF CORPORATIONS
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