

P 3000 12792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

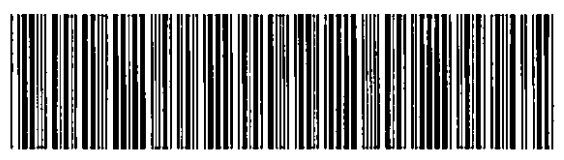
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

Old-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Accord Insurance Network of Palm Coast, inc
(Name of Corporation)

DOCUMENT NUMBER: PO3000012792

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

Please return all correspondence concerning this matter to the following:

J. Norman SAPP
(Name of Person)

dba - FIRST Florida Insurance NETWORK
(Name of Firm/Company)

1 Florida Park DR. S. Building 2
(Address)

PALM COAST FL 32137
(City/State and Zip Code)

For further information concerning this matter. please call:

J. Norman SAPP at (386) 447-8950
(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
2661 Executive Center Circle
Tallahassee, FL 32301

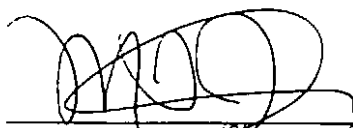
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Monica OLIVER, hereby resign as SVD
(Title)

of Accord Insurance Network of Palm Coast, Inc.
(Name of Corporation)

PD3000012792, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

MONICA OLIVER

FILED
18 SEP - 6 AM 4: 21
TALLAHASSEE, FLORIDA

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