

P03 000098395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

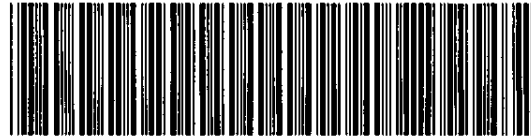
(Business Entity Name)

(Document Number)

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JAN 14 2014

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oxonia Insurance Group, Inc
(Name of Corporation)

DOCUMENT NUMBER: P03000098395

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

Please return all correspondence concerning this matter to the following:

Liz Kenneally

(Name of Person)

Oxonia Insurance Group, Inc

(Name of Firm/Company)

8487 W Commercial Blvd

(Address)

Tamarac, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Liz Kenneally

(Name of Person)

at (954) 975-7197

(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, Robert DelGiaccio, hereby resign as Vice President
(Title)

of Oxonia Insurance Group, Inc
(Name of Corporation)

P03000098395, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
14 JAN 14 PM 4:35
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