

**P04000075985**

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : KRAMER & RASSNER PA  
Account Number : 120140000021  
Phone : (305) 270-8876  
Fax Number : (305) 270-0849

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ALLSAFE INSURANCE GROUP, INC.**

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Electronic Filing Menu

Corporate Filing Menu

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FEB 06 2018

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OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, ORLANDO LOPEZ, hereby resign as DIRECTOR  
(Title)

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

P04000075985  
(Document Number, if known) a corporation organized under 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

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