P04000099558

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)
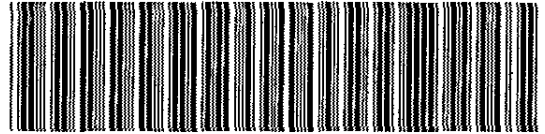
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_____
(Business Entity Name)

_____
(Document Number)

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TALLAHASSEE, FLORIDA

KHA
OFPRESIGN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: <u>Accord Insurance of Cedar Key, Inc.</u>
(Name of Corporation)

DOCUMENT NUMBER: <u>P04000099558</u>

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

Please return all correspondence concerning this matter to the following:

<u>Mary J. Duvall</u>
(Name of Person)

<u>Accord Insurance of Cedar Key, Inc</u>
(Name of Firm/Company)

<u>P.O. Box 310</u>
(Address)

<u>Cedar Key, FL 32625-0310</u>
(City/State and Zip Code)

For further information concerning this matter, please call:

<u>Mary J. Duvall</u> at (<u>352</u>) <u>543-0300</u>
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _Estate of michael Williamson_, hereby resign as _Director_
<div align="right">(Title)</div>

of _Accord Insurance of Cedar Key, Inc._,
<div align="center">(Name of Corporation)</div>

_PO4000099558_, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Robin Williamson, Personal Representative of
<div align="center">(Signature of resigning officer/director)</div>
_the Estate of Michael Williamson by Jerry _____
her attorney in fact._

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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