

P04000103561

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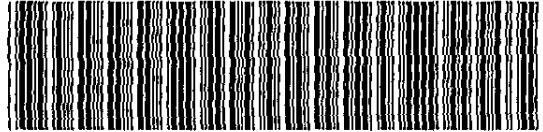
(Business Entity Name)

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DIVISION OF CORPORATIONS
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O/D Resign.

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TO: Amendment Section
Division of Corporations

SUBJECT: B R G INSURANCE, SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: 043795819

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

Please return all correspondence concerning this matter to the following:

ANDREW J LEEPER, PRESIDENT

(Name of Person)

B R G INSURANCE SERVICES, INC

(Name of Firm/Company)

931 S.R. 434 #1225

(Address)

ALTAMONTE SPRINGS, FLORIDA

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW J LEEPER, PRESIDENT

(Name of Person)

at (407) 488-1881

(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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JUDITH ROSENBLATT, hereby resign as OFFICER & DIRECTOR
(Title)

of B.R.G.INSURANCE, SERVICES,INC.
(Name of Corporation)

043795819 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director) VP/S/D
✓ 3/17/2006.

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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