## 204000120535

(Req	uestor's Name)	
(Add	ress)	
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(Add	ress)	
,		
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
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DIVISION OF CORPORATIONS

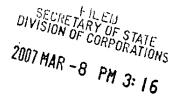
Rs 3/1407

## **COVER LETTER**

SUBJECT: Southern Eagle Insurance Company
(Name of Corporation)
DOCUMENT NUMBER: P04000120535
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Howard Cosner
(Name of Person)
Southern Eagle Insurance Company
(Name of Firm/Company)
410 43rd St. W. Ste. N
(Address)
Bradenton, FL 34209
(City/State and Zip Code)
For further information concerning this matter, please call:
Howard Cosner at ( 941 ) 746-2209 (Area Code & Daytime Telephone Number)
(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

TO:

Amendment Section Division of Corporations



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Janice H. Legters	, hereby resign as ST (Title)	
	(Tuic)	
Southern Eagle Insurance C	ompany	
AL AND ALL AND	ne of Corporation)	
04000120535	, a corporation organized under the laws of the State of	
(Decument Number, if known)	morning to a confliction to the Commercial and an arrange after the confliction of a	
orida	•	

(Signature of resigning) Histor/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, Florido 32314