P05000062277

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: VISIONARY INSURANCE GROUP, INC. (Name of Corporation)
D0500062277
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRENDA GIBA
(Name of Person)
VISIONARY INSURANCE GROUP, INC.
(Name of Firm/Company)
820 ALBEE ROAD
(Address)
NOKOMIS, FL 34275
(City/State and Zip Code)
For further information concerning this matter, please call:
BRENDA GIBA at (941) 480-1556 (Name of Person) (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.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. LOGAN CHAMBERLAIN	HII hereby resign as	SECRETARY
		(Title)
of_ VISIONARY INSURANCE		_
	(Name of Corporation)	
P05000062277	, a corporation organized ur	nder the laws of the State of
(Document Number, if known))	
FLORIDA	•	OS OS
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X	> U U U	# a
	(Signature of resigning officer/direct	tor)

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