

POS000141418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

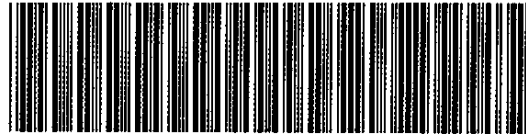
(Business Entity Name)

(Document Number)

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10/04/06--01019--022 \*\*35.00

FILED  
06 OCT -4 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/17  
officesign

JOSEPH A. VECCHIO, JR., P.A.

3000 N. UNIVERSITY DRIVE  
SUITE 1  
CORAL SPRINGS, FLORIDA 33065

JOSEPH A. VECCHIO, JR.  
ATTORNEY AT LAW

TELEPHONE (954) 510-7484  
FAX (954) 510-7487

September 27, 2006

Amendment Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: All Florida Insurance Group Inc.  
PO 5000 141618

Dear Sir:

Enclosed please find the following:

1. Cover Letter
2. Officer/Director Resignation
3. Check for \$35.00

Please process this Amendment and duly record same on the corporate records in Tallahassee.

Any questions, please contact my office.

Yours very truly,

  
JOSEPH A. VECCHIO, JR.  
JAV/vh

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All Florida Insurance Group Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 5000 141618

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

Please return all correspondence concerning this matter to the following:

Evan Cohen  
(Name of Person)

All Florida Insurance Group Inc  
(Name of Firm/Company)

7334 Lake Worth Rd  
(Address)

Lake Worth, FL 33467  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Vecchio at (954) 510 7484  
(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

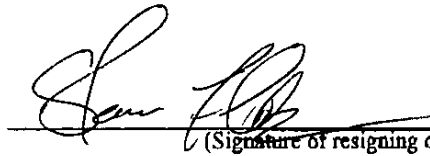
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Steven F. Costa, hereby resign as President/Director  
(Title)

of All Florida Insurance Group, Inc.  
(Name of Corporation)

P05000141618, a corporation organized under the laws of the State of  
(Document Number, if known)

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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