

PO 7000022379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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O/P  
Resign  
11/9/10  
DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EXPRESS INSURANCE & FINANCIAL SERVICES, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P07000022379

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

Please return all correspondence concerning this matter to the following:

KARL A. BURGUNDER

(Name of Person)

LAW OFFICES OF KARL A. BURGUNDER

(Name of Firm/Company)

1490 SWANSON DRIVE, STE. 200

(Address)

OVIEDO, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

KARL A. BURGUNDER

(Name of Person)

at ( 407 ) 366-3555

(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

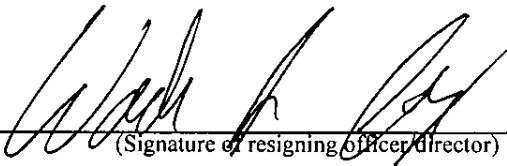
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, WADE S. COX, hereby resign as V-Pres, Ast.Sec. & Ast.Treas  
(Title)

of EXPRESS INSURANCE & FINANCIAL SERVICES, INC.,  
(Name of Corporation)

P07000022379, 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

10 NOV -5 AM 10:55

FILED