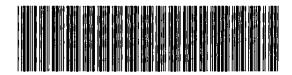
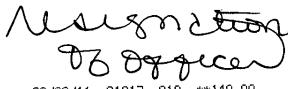
P08000014478

(Requestor's Name) 150 SE 2nd Ave Suite 100n (Address)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Galloway-Schmidt Insurance Agency, Inc (Name of Corporation) DOCUMENT NUMBER: PO8000042478
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
150 SE 2nd Wenne Suit 1007 (Address)
Miami Fz 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 122-0600 (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

RESIGNATION OF OFFICER/DIRECTOR OF GALLOWAY-SCHMIDT INSURANCE AGENCY INC., A FLORIDA CORPORATION

I, Susanna Miguelez, the undersigned, effective immediately hereby resign as Secretary and Director of Galloway-Schmidt Insurance Agency Inc., a Florida corporation, Document Number P08000042478, and submit this resignation to the Florida Department of State Division of Corporations and request that office notice be taken.

Executed this ____ day of February, 2011.