

P08000075962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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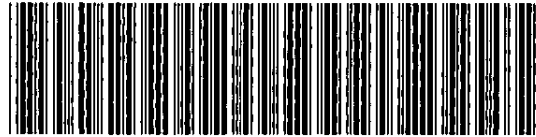
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MANNA INSURANCE GROUP
(Name of Limited Liability Company)

DOCUMENT NUMBER: P08000075962

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLYDE RICHARDSON
(Name of Person)

MANNA INSURANCE GROUP
(Name of Firm/Company)

932 WINDMILL CT.
(Address)

JONESBORO, GA. 30236
(City/State and Zip Code)

For further information concerning this matter, please call:

CLYDE RICHARDSON at (404) 867 2125
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2008 DEC -4 PM 3:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, CLYDE RICHARDSON, hereby resign as TREASURER
(Title)

of MANNA INSURANCE GROUP INC
(Name of Corporation)

PO 8000075962, 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