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COVER LETTER

,
SUBJECT: EXPLESS INSURANCE GROUP, INC
(Name of Corporation)
DOCUMENT NUMBER: <u>P080000 78012</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
José Pita-Romero (Name of Person)
(Name of Person)
EXPRESS INSURANCE GROUP, INC
(Name of Firm/Company)
10020 SW 122 TERR
(Address)
MIAMI FL 33/76
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 9843947 (Area Code & Daytime Telephone Number)
(the court of the

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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

VICTOR ROIZI	SCNANCE GROUP, INC	ESIDENT (Title)
(Na PO 80000 780/2 (Document Number, if known)	me of Corporation), a corporation organized under the la	,
FLOMOS	_· 	
	(Signature of resigning officer/director)	2009 JUN 26 SECRE JARY
	•	PH I:

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