

P090000012641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

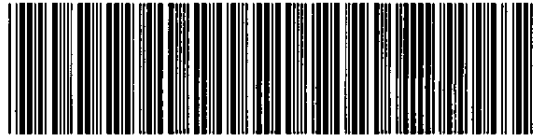
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 28 PM 12:42

T Roberts SEP 29 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Network Specialties Personal Lines, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P09000012641

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

Please return all correspondence concerning this matter to the following:

Suzanne M. Rath

(Name of Person)

Insurance Network Specialties Personal Lines, Inc.

(Name of Firm/Company)

1700 N University Dr Suite 110

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Jack De La Cova

(Name of Person)

at (954) 587-6611

(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**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 28 PM 12:42

I, Suzanne M. Rath, hereby resign as Director/Vice President/Secretary
(Title)

of Insurance Network Specialties Personal Lines, Inc.
(Name of Corporation)

P09000012641, 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