## P10000025700

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	<del>≥</del> #)	
<u></u>	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

off. Res.

JUL - 6 2012

T. BROWN

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: UNIVERSAL CONDOM	IINIUM INSURANCE INC
	(Name of Corporation)
DOCUMENT NUMBER: P10000	025700
The enclosed Officer/Director Resignat	ion for a Corporation and fee are submitted for filing
Please return all correspondence concer	ning this matter to the following:
Troy Visser	
(Name of Person)	
Universal Condominium Insurance	Inc
(Name of Firm/Compa	iny)
2801 Ocean Dr, Suite 300	
(Address)	
Vero Beach, FL 32963	
(City/State and Zip Co	de)
For further information concerning this	matter, please call:
Troy Visser	at ( 772 ) 321-7055  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	yable to the Florida Department of State.
Amendment Section  Division of Corporations  Clifton Building  Po	mendment Section ivision of Corporations ost Office Box 6327 allahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



hereby resign as	Treasurer, Secretary, Director
, notoby roungil ub_	(Title)
ance Inc.	,
of Corporation)	
, a corporation organized un	der the laws of the State of
<u> </u>	
FDM	
	of Corporation)

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