

P10000032606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200242287002

12/17/12--01020--027 **35.00

12 DEC 17 AM 9:16
FILED

O/D
Resign.
12-18-12
Dr

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DREXEL INSURANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000032606

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

Please return all correspondence concerning this matter to the following:

Alexander Anthony

(Name of Person)

(Name of Firm/Company)

P.O Box 52-3498

(Address)

Miami, FL 33152

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Anthony at (**305**) **407-7510**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

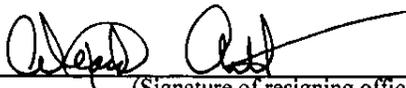
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alexander Anthony, hereby resign as P
(Title)

of DREXEL INSURANCE, INC.
(Name of Corporation)

P10000032606, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

12 DEC 17 AM 9:46
FILED

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