

9/27/13

**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:

Alex 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:

Alex Anthony

(Name of Person)

at ( 305 ) 407-7510

(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**

FILED

2013 SEP 20 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ALEX ANTHONY, hereby resign as PZ  
(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)

**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