

P10000054698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

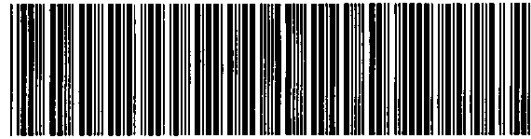
(Business Entity Name)

(Document Number)

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Mr/Ed Kemp

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 26 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ALEXANDER INSURANCE GROUP
(Name of Corporation) INC

DOCUMENT NUMBER: 10000054698

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

Please return all correspondence concerning this matter to the following:

MELINDA AWATERS
(Name of Person)

THE ALEXANDER INSURANCE GROUP INC
(Name of Firm/Company)

725 N HWY A1A SUITE C107
(Address)

JUPITER FL 33477
(City/State and Zip Code)

For further information concerning this matter, please call:

MELINDA AWATERS at (561) 747-6813
(Name of Person) (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

THE ALEXANDER INSURANCE GROUP, INC
725 N Hwy A1A Ste C107
Jupiter, Florida 33477

August 23, 2010

Division of Corporations
Amendment Section
Doc # 10000054698
Tax ID # 90-0590160

To Whom It May Concern:

I am trying to get my Insurance Agency License, But they are unable to secure clear fingerprints from my Mother, age 83. It now has to go through a manual process. To expedite my business plan it is quicker to remove her than to qualify her.

I am asking if someone would be so kind as to fax me the amendment prior to mailing so I can begin my business more expediantly. The Department of Financial Services would accept a faxed copy. Still it would take another 7-10 days. Fax # 561-747-6813

Thanking you in advance as this is a real hardship for me.

Sincerely,


Melinda A. Waters
President

faxed 2-27-10


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CAROLYN ALEXANDER, hereby resign as VICE - PRESIDENT
(Title)

of THE ALEXANDER INSURANCE GROUP, INC.
(Name of Corporation)

P 10000054698, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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