P1200008364

(Requestor's Name)		
(Address)		
(Address)		
	(6) 	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		į





300244012313.

01/25/13--01016--023 **35.00

13 JAN 25 PH 12: 38



TRANSMITTAL LETTER

Division of Corporations Platinum Insurance Group (Name of Corporation) DOCUMENT NUMBER: P12000083647 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael J. Tretola (Name of Person) Platinum Insurance Group (Name of Firm/Company) 65 DEER CREEK RD., APT H206B (Address) Deerfield Beach, FL 33442 (City/State and Zip Code) For further information concerning this matter, please call: Michael J. Tretola (Arca Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section

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.} Joseph J.Tretola	hereby resign as President
·	(Title)
of Platinum Insurance	ce Group
	me of Corporation)
P12000083647 (Document Number, if known)	, a corporation organized under the laws of the State of
PLOKIDA	<i>\(\tau_{\text{\tin}\text{\tex{\tex</i>

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 13 JAN 25 PH 12: 38
SECRETARY OF STRUCTURE TALLAHASSEE. FLORIDE