

P13000078178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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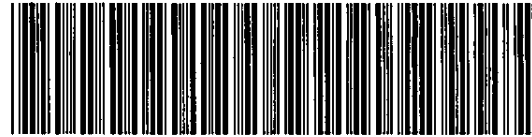
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 12 2014

C. CARROTHERS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GENUINE INSURANCE, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P13000078178

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

Please return all correspondence concerning this matter to the following:

YESENIA COLLAZO

(Name of Person)

COLLAZO LAW FIRM PA

(Name of Firm/Company)

10200 NW 25 STREET #201

(Address)

MIAMI FLORIDA 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

YESENIA COLLAZO

(Name of Person)

at ( 305 ) 4776401

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

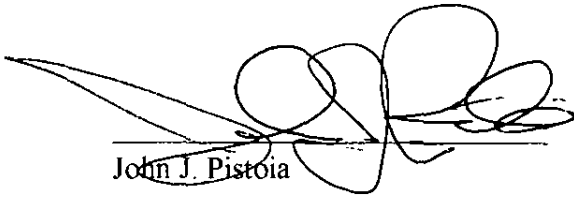
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER/DIRECTOR RESIGNATION FOR GENUINE INSURANCE,**  
**INC.**

I, John J. Pistoia hereby resign as Director and Officer of GENUINE INSURANCE, INC.,  
Document Number P13000078178, a corporation organized under the laws of the State of  
Florida.



John J. Pistoia

Date: 1/15/2014

**FILED**  
**14 FEB -6 PM 7:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**