

P13000078178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

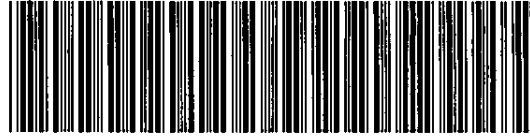
(Business Entity Name)

(Document Number)

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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 at **305** **4776401**

(Name of Person)

(Area Code & Daytime Telephone Number)

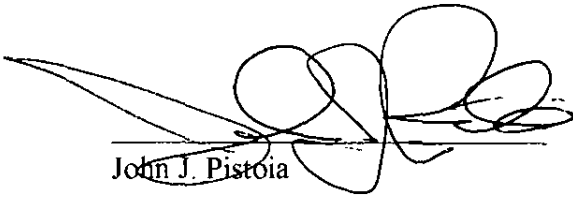
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
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

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TALLAHASSEE, FLORIDA