## P14000009571

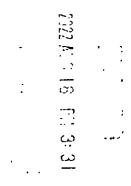
(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	(Name of Cor	poration)	
DOCUMENT NUMBER: P14000009571			
The enclosed Officer/Director Resignation t	for a Corpora	tion and fee are submitted fo	or filing
Please return all correspondence concerning	g this matter t	o the following:	
NATALIE K BATISTA			
(Name of Person)		<del></del>	
PEOPLES INSURANCE GROUP INC			
(Name of Firm/Company)			
4530 NW 7TH ST_REAR			
(Address)			
MIAMI FL 33126			
(City/State and Zip Code)	_ <del></del>		
For further information concerning this mat	ter, please ca	II:	
NATALIE K BATISTA	305 at (	300-7672 ) ode & Daytime Telephone Nu	•
(Name of Person)	(Area (	ode & Daytime Telephone Nu	mber)
Enclosed is a check for \$35.00 made payabl	le to the Flori	da Department of State.	
Mailing Address:		t Address:	
Amendment Section	Amendment Section		

MARILEY SOSA
Notary Public-State of Florida
Commission # HH 23917
My Commission Expires
September 28, 2024



2415 N. Monroe Street, Suite 810

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

**Division of Corporations** 

Tallahassee, FL 32314

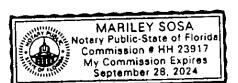
P.O. Box 6327

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

HERIBERTO R VALDES	VICE PRESIDENT, hereby resign as	
l	, nereby resign as	(Title)
PEOPLES INSURANCE GROUP INC		,
(Nan	ne of Corporation)	
P14000009571	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
	<del></del> ·	
	(Signature of resigning officer/director)	
•		
		2022
		2022 AUG
		<u> </u>
	FILING FEE IS \$35.00	<u> </u>

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

Make checks payable to Florida Department of State and mail to:





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