

P14000049725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

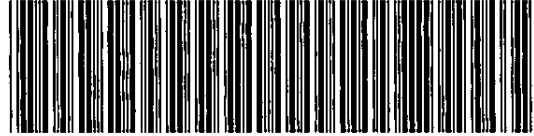
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/09/15--01003--005 **35.00

*Resignation
of officer*

FILED
2015 OCT -9 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 13 2015
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIGMA INSURANCE GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P 14000049725

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

Please return all correspondence concerning this matter to the following:

NORMA MORRIS
(Name of Person)

SIGMA INSURANCE GROUP, INC.
(Name of Firm/Company)

7124 NW 106th AVE
(Address)

TAMARAC, FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMA MORRIS at (561) 632-7731
(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 A CORPORATION**

FILED

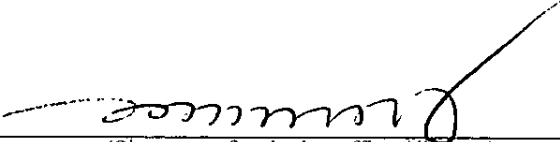
2015 OCT -9 PM 3:37

I, NORMA MORRIS, hereby resign as TREASURER
SECRETARY OF STATE
TALLHASSEE, FLORIDA
(Title)

of SIGMA INSURANCE GROUP, INC.
(Name of Corporation)

P14000049725, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 
(Signature of resigning officer/director)

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