

P14000049725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*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 106<sup>th</sup> 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

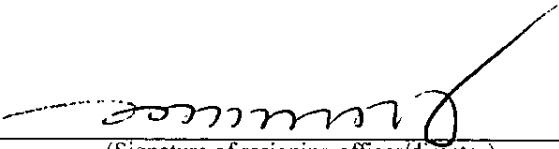
2015 OCT -9 PM 3:37

I, NORMA MORRIS, hereby resign as TREASURER  
SECRETARY OF STATE  
TALLAHASSEE, 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