

P15000073958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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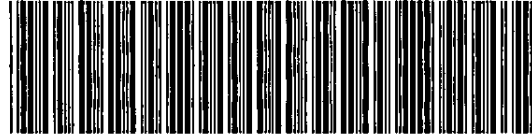
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OPEN ENROLLMENT INSURANCE GROUP INC
(Name of Corporation)

DOCUMENT NUMBER: P15000073958

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

Please return all correspondence concerning this matter to the following:

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ JERONAH HANCOCK
(Name of Person)

OPEN ENROLLMENT INSURANCE GROUP INC
(Name of Firm/Company)

5235 RAMSEY WAY #12
(Address)

FORT MYERS FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

JERONAH HANCOCK at (239) 258-6196
(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**

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 NOV 10 PM 1:20

I, Yolisa Wynn, hereby resign as Secretary
(Title)

of Open Enrollment Insurance Group Inc.
(Name of Corporation)

P15000073958, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Yolisa Wynn
(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