P16000004249

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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5/2000

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Global Excursion Insurers, Inc

(Name of Corporation)

DOCUMENT NUMBER: P16000004249

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

Please return all correspondence concerning this matter to the following:

Hugh Robert Miller

(Name of Person)

Global Excursion Insurers, Inc

(Name of Firm/Company)

934 North University Drive, #419

Coral Springs, FL 33071 (City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Lalta

(Name of Person)

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

Hugh Robert Miller	reby resign as Director
.,	(Title)
of Global Excursion Insurer	s Inc.
(Name of Corporation) P1600004249 (Document Number, if known), a corporation	n organized under the laws of the State of
Florida	FILE CAMASSE LAMASSE
Hugh Rober	t Miller
(Signature of resign	ning 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