

P16000004816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

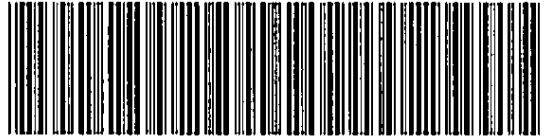
(Business Entity Name)

(Document Number)

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MAY 30 2018

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18 MAY 29 PM 3:45

CLERK

o/d Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: US Coastal Property & Casualty Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: P16000004816

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

Please return all correspondence concerning this matter to the following:

Julia Knight
(Name of Person)

US Coastal Property & Casualty Insurance Company
(Name of Firm/Company)

P.O. Box 357965
(Address)

Gainesville, FL 32635
(City/State and Zip Code)

For further information concerning this matter, please call:

Julia Knight at (352) 224-2820
(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

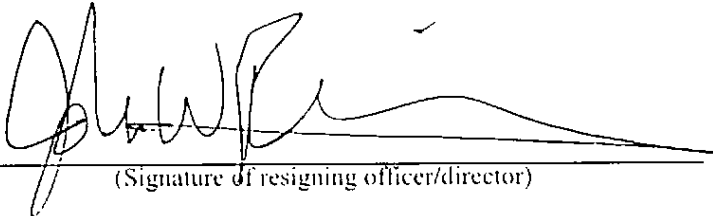
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John W. Rollins, hereby resign as Director
(Title)

of US Coastal Property & Casualty Insurance Company
(Name of Corporation)

P16000004816, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
18 MAY 29 PM 3:44
TALLAHASSEE, FLORIDA

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