

P16000004816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

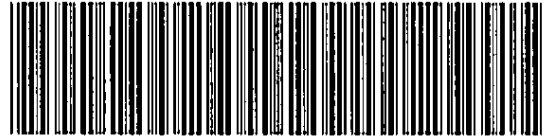
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100313350281

05/29/18 -01018 -007 **35.00

S TALLENT

MAY 30 2018

RECEIVED
MAY 29 2018

18 MAY 29 PM 3:44

FILED

old 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

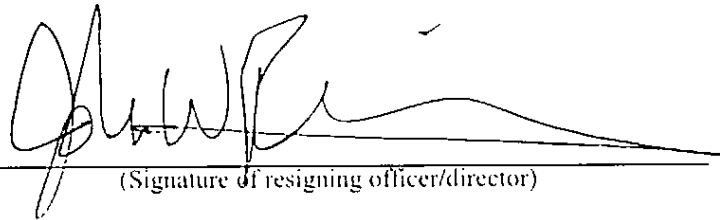
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

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