

P16000029572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

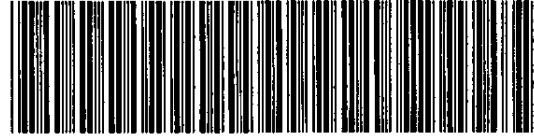
(Business Entity Name)

(Document Number)

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C MCNAIR

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COASTAL PREMIER INSURANCE GROUP, INC.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

ROBERT J. SILER  
(Name of Person)

COASTAL PREMIER INSURANCE GROUP, INC.  
(Name of Firm/Company)

9056 CHERRY OAKS TRAIL  
(Address)

NAPLES, FL 34114  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT SILER at 419, 357-1811  
(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

RECEIVED TALLAHASSEE  
DIVISION OF CORPORATIONS  
16 JUN 13 AM 10:01

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

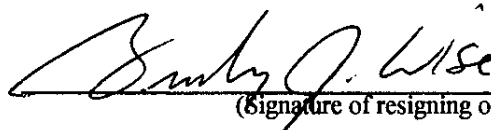
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DIVISION OF CORPORATIONS  
16 JUN 13 AM 10:10

I, BRAD Wise, hereby resign as VICE PRESIDENT  
(Title)

of COASTAL PREMIER INSURANCE GROUP, INC.  
(Name of Corporation)

P16000029572, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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