

P190000 44819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

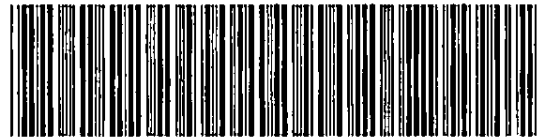
(Business Entity Name)

(Document Number)

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JAN 29 2020  
S. YOUNG

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: REDEMPTION INSURANCE AND WEALTH MANAGEMENT  
(Name of Corporation)

DOCUMENT NUMBER: P19000044819

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

Please return all correspondence concerning this matter to the following:

STEVEN D THOMPSON  
(Name of Person)

N/A  
(Name of Firm/Company)

P.O. Box 63  
(Address)

DUNDEE, FL 33838  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN D THOMPSON at ( 863 ) 412-2255  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

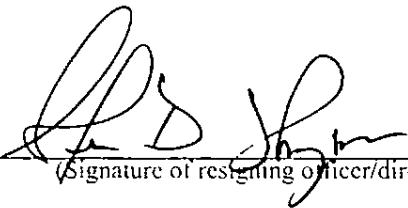
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, STEVEN D THOMPSON, hereby resign as President  
(Title)

of REDEMPTION INSURANCE AND WEALTH MANAGEMENT  
(Name of Corporation)

P19000044819, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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19 DEC 30 AM 7:13

**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