

P94000032599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

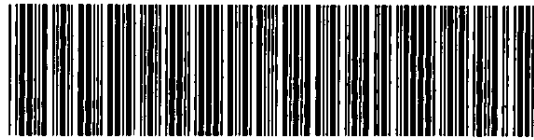
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200177554612

04/28/10--01027--015 **210.00

FILED
10 APR 28 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette
C. COULLIETTE

APR 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: General Lines Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: P 94 0000 32599

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

Please return all correspondence concerning this matter to the following:

Patricia M. Gonzalez
(Name of Person)

General Lines Insurance Company
(Name of Firm/Company)

3418 W. 84 St #106
(Address)

Hialeah, FL 33018
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia M. Gonzalez at (805) 558 8628
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

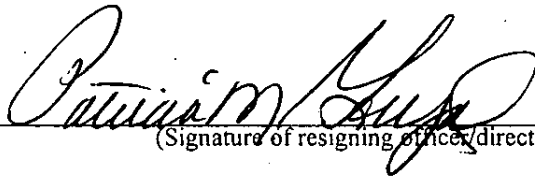
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Patricia M. Gonzalez, hereby resign as SD
(Title)

of General Lines Insurance Company
(Name of Corporation)

994 000 032599, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 28 PM 12:02

FILED

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