

P95000015695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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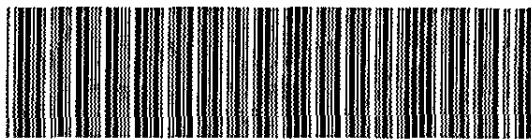
(Business Entity Name)

(Document Number)

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03 MAY 27 PM 2:53  
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TALLAHASSEE, FLORIDA

BA Kes  
6/3/03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEW GENERATION INSURANCE GROUP INC.  
(Name of Corporation)

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

The enclosed statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josey Falcon  
(Name of Person)

NEW GENERATION INSURANCE GROUP, INC.  
(Name of Firm/Company)

21 PONCE DE LEON BOULEVARD,  
(Address)

CORAL GABLES FLORIDA 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ms. Josey Falcon at (305) 444-4157  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

03 MAY 27 PM 2:54

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, and 607.1502, Florida Statutes, the undersigned, **MS. MARLENE GOMEZ**

(Name of Registered Agent)

hereby resigns as Registered Agent for, **NEW GENERATION INSURANCE GROUP, INC.**

(Name of Corporation)

\_\_\_\_\_  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**