

P96000026038

Requestor's Name	
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City/State/Zip	Phone #
Office Use Only	

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
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3. _____
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TALLAHASSEE, FLORIDA

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NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

OFF REC
7-22-99
DHS

OFFICER / DIRECTOR RESIGNATION

I, MARK A. VICKERY, hereby resign as DIRECTOR AND OR PRESIDENT
(Title)
of STATE NO-FAULT INSURANCE OF CASSELBERG, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

CLERK OF STATE
TALLAHASSEE, FLORIDA

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