P96000032556

(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:

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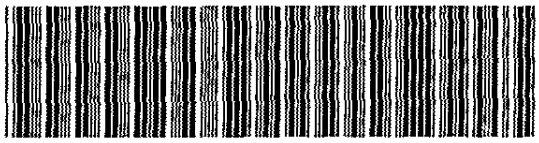

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04/28/04--01081--002 **35.00

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04 APR 28 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

BROWN MAY - 5 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAHER INSURANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P96000032556

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

Please return all correspondence concerning this matter to the following:

GENEVIEVE BYRD
(Name of Person)

MAHER INSURANCE, INC.
(Name of Firm/Company)

4/26/04

2038 HEADLEY PLACE
(Address)

FT. MYERS, FL 33901
(City/State and Zip Code)

For further information concerning this matter, please call:

GENEVIEVE BYRD at (239) 337-1322
(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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
04 APR 28 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GENEVIEVE BYRD, hereby resign as SECRETARY
(Title)

of MAHER INSURANCE, INC.
(Name of Corporation)

P96000032556
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

Genevieve Byrd 4/26/04
(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