## 97000057154 C ANDERSON THE FARMY OR JIG morni LARERS, R 32014 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) -10/11/02--01034--013 \*\*\*\*\*35.00 \*\*\*\*\*35.00 (Corporation Name) (Document #) Certified Copy Walk in Pick up time ☐ Mail out Will wait Certificate of ☐ Photocopy **NEW FILINGS AMENDMENTS** Amendment Resignation of R.A., Officer/Director Change of Registered Agent Profit Not for Profit ☐ Change of Registered Agent Limited Liability Carportion Stammer's Dissolution/Withdrawal Domestication Merger Other **REGISTRATION/QUALIFICATION OTHER FILINGS** ☐ Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other

CR2E031(7/97)

## OFFICER / DIRECTOR RESIGNATION

I, Craig Mathew Anderson	_ , here	eby resign as	Vice Pre	esident	SECRETA	D2 DCT 1	
of Southland Insurance Group III, Inc. (FE		0765227)			RY ON	7	
(Name of Corporation organized under the laws of the Sta	ŕ	Florida	<u> </u>		STATE FLORIDA	11:21	_
and affirm that the corporation has been notified	in writ	ting of the re	signation.				
(Signature of	resionit	ng officer/direc	•	SEPTI	EMBER,	, Zo	02_

## FILING FEE IS \$35.00

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

CR2E044(9/98)