

P98000007626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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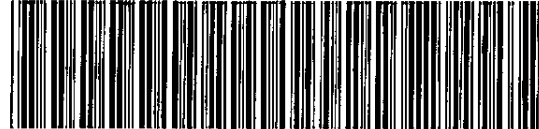
(Business Entity Name)

(Document Number)

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*Off Resign  
T. Lewis*

11/22/05--01010--025 \*\*35.00

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05 NOV 22 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CareCo Insurance Group, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000007626

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

Please return all correspondence concerning this matter to the following:

DAVID S. HAYNES  
(Name of Person)

CareCo Ins. Group  
(Name of Firm/Company)

P.O. Box 140965  
(Address)

Orlando, FL 32814  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID S. HAYNES at (407) 896-2030  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

05 NOV 22 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAI, Linda Bruce Haynes, hereby resign as Vice President  
(Title)of CARECO Insurance Group, Inc.  
(Name of Corporation)\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)FloridaLinda Bruce Haynes  
(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