

Requester's Name

Address

City/State/Zip

Phone #

Legra General Insurance Agency, Inc.
7902 N.W. 36 ST. #212, MIAMI, FL 33166

Use Only

n):

1. _____ (Corporation Name) _____ (Document #) **400003253154--9**
-05/15/00--01148--013
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
00 MAY 15 PM 1:18
RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

Handwritten: 2005-15-00
P99 000031896

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

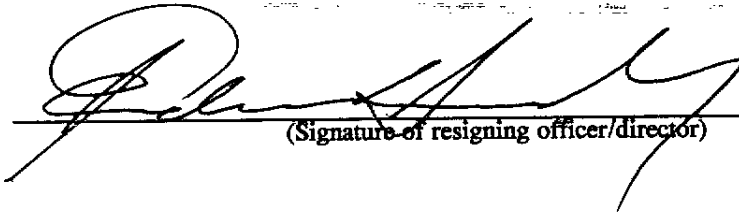
OFFICER / DIRECTOR RESIGNATION

I, JOSEPH E. SARDUY, hereby resign as SECRETARY/TREASURER
(Title)

of LEGRA STATEWIDE INSURANCE Corporation
(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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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