

519394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

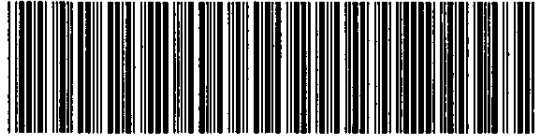
(Business Entity Name)

(Document Number)

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T. Roberts OCT 01 2008

**COVER LETTER -**

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** 519394

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

Please return all correspondence concerning this matter to the following:

Phillip Chesson  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1471 Noel Blvd  
(Address)

Palm Harbor, FL 34683  
(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip Chesson at ( 727 ) 744-3999  
(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

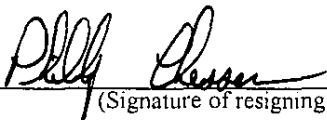
FILED  
08 SEP 24 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Phillip Chesson, hereby resign as \_\_\_\_\_  
(Title)

of The Insurance Group, Inc.  
(Name of Corporation)

519394, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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