

(Requestor's Name)	
(Address)	5001849
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(City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL	o97 <del>6</del> 978-15
(Business Entity Name)	
(Document Number)	
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**4961205** 1026--002 \*\*175.00



September 3, 2010

RE: ALLIANCE INSURANCE GROUP, INC. (MO. DOM.) SELECT FINANCIAL SERVICES, INC. (PA. DOM.)

Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>175.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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-		
	ATION OF REGISTERED AGENT FOR A CORPORATION	1.1509, 1.1509
Pursuant to the provisions of secti	ions 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
hereby resigns as Registered Ager	(Name of Registered Agent) SELECT FINANCIAL SERVICES, INC. (P. nt for	A. DOM.)
. 0	(Name of Corporation)	
F030000003375		
(Document Number, if known)		
	ailed to the above listed corporation at its last kno	
this statement is filed.	(Signature of Resigning Agent)	on which
If signing on behalf of an entity:		
C T CORF	PORATION SYSTEM - THERESA ALFIERI	
	(Typed or Printed Name)	
	ASSISTANT SECRETARY	
	(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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