

PD 3000/23803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

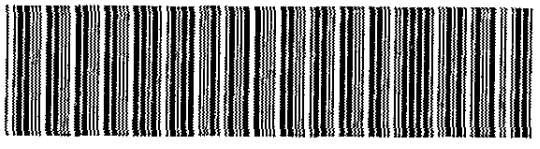
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000083860700

01/12/07--01037--012 \*\*87.50

FILED  
07 JAN 12 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA  
Ray  
SK

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Plaintiff Injury Assistance Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000123803

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Petersen

(Name of Person)

(Name of Firm/Company)

2425 Gulf of Mexico Drive

(Address)

Longboat Key, FL 34228

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Petersen at (941) 383-9422  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Andrew H. Cohen  
(Name of Registered Agent)

hereby resigns as Registered Agent for Plaintiff Injury Assistance Corporation  
(Name of Corporation)

P03000123803

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**FILED**  
07 JAN 12 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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