

P10000006389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

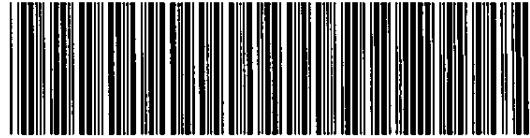
(Business Entity Name)

(Document Number)

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14 OCT 21 PM 2:14

NOV 03 2014  
T. CARTER

RA Resign

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UNIVERSAL RISK INTERMEDIARIES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000006389

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:

**JOHN C. GOEDE**

(Name of Person)

**JOHN C. GOEDE, P.A.**

(Name of Firm/Company)

**8950 FONTANA DEL SOL WAY**

(Address)

**Naples, Florida 34109**

(City/State and Zip Code)

For further information concerning this matter, please call:

**John Goede**

(Name of Person)

at ( **239** ) **331-5100**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

14 OCT 21 PM 2:14

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, John C. Goede

(Name of Registered Agent)

hereby resigns as Registered Agent for UNIVERSAL RISK INTERMEDIARIES, INC.

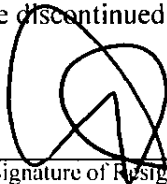
(Name of Corporation)

P10000006389

(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:

John C. Goede, PA

(Typed or Printed Name)

President/ Director

(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**

**GAD** *Goede, Adamczyk  
& DeBoest, PLLC*

ATTORNEYS AND PROFESSIONAL COUNSEL

[www.GAD-Law.com](http://www.GAD-Law.com)

*A full service firm serving South Florida.*

Steven J Adamczyk  
Steven R. Bralen  
Stanley A. Bunner, Jr.  
Brian O. Cross  
Richard D. DeBoest, II  
John C. Goede  
Cary J. Goggin  
Jason R. Himschoot  
Harris B. Katz  
Randy Narkir

Christopher O'Connell  
Megan E. Richards  
S. Kyla Thomson  
Christopher J. Thornton  
Ari S. Tryson

October 15, 2014

**VIA CERTIFIED MAIL, RRR**

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

**Re: Universal Risk Intermediaries, Inc.  
Document No: P10000006389**

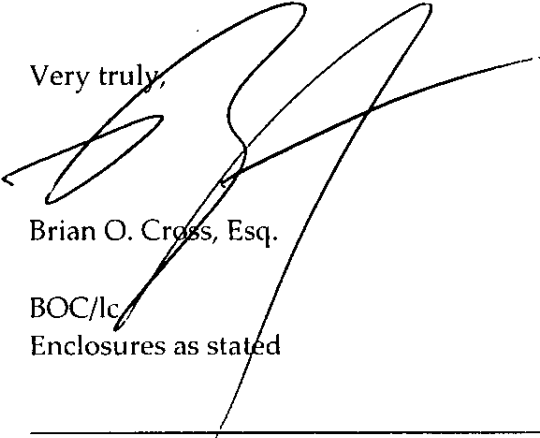
To Whom It May Concern:

Please find enclosed with this letter the executed Resignation of Registered Agent for a Corporation as pertaining to the above-mentioned entity.

I have additionally enclosed our Firm's check no. 10150 in the amount of \$87.50 payable to the Division of Corporations and a self-addressed, postage pre-paid envelope for your convenience in returning a receipt confirming completion of this matter.

Should you have any questions, please do not hesitate to contact me or my paralegal, Laura Cari, at 239-331-5100, extension 108.

Very truly,

  
Brian O. Cross, Esq.

BOC/lc  
Enclosures as stated