(Re	questor's Name)	
<u></u>	dress)	
(-10	uiess)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	·	•
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



800062342418

2005 DEC 23 AM 8: 20 00 4**35.00

@FOLEY

December 20, 2005

FOLEY & LARDNER LLP ATTORNEYS AT LAW

106 EAST COLLEGE AVENUE, SUITE 900 TALLAHASSEE, FL 32301-7732 850.222.6100 TEL 850.561.6475 FAX www.foley.com

WRITER'S DIRECT LINE 850.513.3381 dpadilla@foley.com EMAIL

CLIENT/MATTER NUMBER 999700-0409

VIA U.S. MAIL

Division of Corporations Amendment Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

Nations Insurance Group, Inc.

Document #263326

Dear Sir or Madam:

Please find enclosed herewith our check # 6327 in the amount of \$35.00 along with the Resignation of Registered Agent for the above referenced corporation.

If you have any questions feel free to contact our office.

Sincerely,

Dessa Padilla

Assistant to Walter H. Wolfe, Jr.

Enclosures

COVER LETTER

${ m UBJECT}_{:}$ NATIONS INSURANCE GROUP, (Name of	Corporat	ion)					
OOCUMENT NUMBER: 263326							
The enclosed Resignation of Registered Agent for	a Corpor	ation and	fee are	submit	ted for	filing.	
Please return all correspondence concerning this m	atter to ti	he follow	ing:				
WALTER H. WOLFE, JR.							
(Name of Person)		-		**			
FOLEY & LARDNER LLP							
(Name of Firm/Company)		-			, -		
106 E. COLLEGE AVENUE							
(Address)		-	•		7.44.	•	
TALLAHASSEE, FLORIDA 32301							
(City/State and Zip Code)		- ,					
For further information concerning this matter, ple	ase call:						
WALTER H. WOLFE, JR. at (850	, 222-					
(Name of Person)	Area Code	& Daytir	ne Telep	hone Ñi	ımber)		

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



rursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, F & L CORP
(Name of Registered Agent)
hereby resigns as Registered Agent for NATIONS INSURANCE GROUP, INC.
(Name of Corporation)
263326
(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:
THOMAS J. MAIDA (Typed or Printed Name)
AUTHORIZED SIGNATORY
(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