460410

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: INSURANCE MANAGEMENT CORPORATION OF TAMPA BAY INC. |
|--|
| (Name of Corporation) |
| DOCUMENT NUMBER: 460410 |
| 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: |
| ROBERT J. BERTRAND |
| (Name of Person) |
| GRAY ROBINSON, P.A. |
| (Name of Firm/Company) |
| POST OFFICE BOX 3 |
| (Address) |
| LAKELAND, FLORIDA 33802-0003 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| DAVID D. HALLOCK, JR. at (863) 284-2200 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, ROBERT J. BERTRAND (Name of Registered Agent) | | | |
|---|--------------------|-------------|---|
| hereby resigns as Registered Agent for INSURANCE MANAGEMENT CORPO (Name of Corporation) | RATIO | <u>DN</u> | |
| OF TAMPA BAY INC. 460410 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to the above listed corporation at its last know | vn addr | ess. | |
| The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent) | = | h 06 HAY 11 | |
| If signing on behalf of an entity: | in c | | |
| GRAY ROBINSON, P.A. (Typed or Printed Name) | S IAI'E FLORIDA | 12: 28 | 0 |
| ATTORNEY | | | |
| (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