F00000003128

•
(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



500068302075

用心管的用于一切用用用一切用。 **6.0%

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
06 MAR 22 PM 4: 18

RA-Resign.
03/29/06
Dc

CT CORPORATION

March 17, 2006

RE: CAP PRO INSURANCE AGENCY SERVICES, INC. (DE. DOM.)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for Service of Process for each of the above corporations. Also enclosed is 1 check in the amount of <u>\$87.50</u> to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (il)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA: il enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509	9,
lorida Statutes, the undersigned, CT CORPORATION SYSTEM		
	(Name of Registered Agent)	
Levels weignes as Desistant A cont for	CAP PRO INSURANCE AGENCY SERVICES, I	NC.
hereby resigns as Registered Agent for	(Name of Corporation)	
F00000003128		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last known a	address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on v	vhich
	Signature of Resigning Agent)	NIQ.
If signing on behalf of an entity:		06 HAR 22
C T CORPORA	TION SYSTEM - THERESA ALFIERI	<u></u>
	(Typed or Printed Name)	P3
A	SSISTANT SECRETARY	#: 18
	(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withdrawn corporation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