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## **COVER LETTER**

SUBJECT: Chapman & Associates Warranty Risk	Specialists, Inc.
(Name of Cor	poration)
DOCUMENT NUMBER: F01000005797	
The enclosed Resignation of Registered Agent for a Co	orporation and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Karen E. Maller, Esq.	· <del></del>
(Name of Person)	<del></del>
Powell, Carney, Gross, Maller & Ramsay, P.A.	
(Name of Firm/Company)	
One Progress Plaza, Suite 1210	
(Address)	
St. Petersburg, Florida 33701	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
Karen E. Maller, Esq. at ( 72'	7 ) 898-9011 Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60	07.0502(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersigned, Ka	ren E. Maller	
	(Name of Registered Agent)	<del></del>
hereby resigns as Registered Agent for	Chapman & Associates Warranty Risk	Specialists, In
	(Name of Corporation)	
F01000005797		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed to	the above listed corporation at its last know	vn address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date o	n which
Haren E	gnature of Resigning Agent)	·
If signing on behalf of an entity:		
	Typed or Printed Name)	O SE
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	(Capacity)	LED LY OF ST CORPORA 3 PM 4

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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