F01000005835

(Requestor's Name)

ATTN: AGENT SERVICES DIVISION
CT
111 8TH AVE FL 13
NEW YORK NY 10114-1868

(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

900148515979

Resignation
OR RA

04/10/09--01036--002 **175.00

FILED
2009 APR 10 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AJR
4/14/09

FILED
2009 APR 10 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, C T CORPORATION SYSTEM (Name of Registered Agent)

hereby resigns as Registered Agent for GROUP INSURANCE ADMINISTRATORS, INC. (PA DOM.) (Name of Corporation),

F01000005835
(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:

C T CORPORATION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)

ASSISTANT SECRETARY
(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$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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