F03000001048

(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

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11/22/05--01007--014 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-22-05

CAPITOL SERVICES, INC.
CAPITOL CORPORATE SERVICES, INC.

November 16, 2005

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

Re: Marcom Insurance Services, Inc
Document # F03000001048

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check # 9403 in the amount of $35.00 for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Joan M. Coleman

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marcom Insurance Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F03000001048

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:

(Name of Person)

Capitol Corporate Services Registered Agent Department
(Name of Firm/Company)

800 Brazos, Suite 1100
(Address)

Austin, Texas 78701
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (800) 345-4647
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Capitol Corporate Services, Inc.
(Name of Registered Agent)

hereby resigns as Registered Agent for Marcom Insurance Services, Inc.
(Name of Corporation)

F03000001048
(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)

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TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

Cheryl Roberts
(Typed or Printed Name)

President
(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