

F03000003085

(Requestor's Name)

111 Eighth Avenue  
New York, NY 10011

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

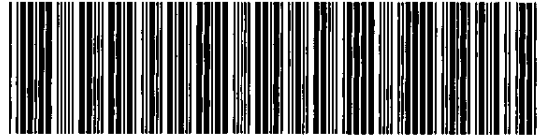
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300140301073

01/13/09--01024--001 \*\*175.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 13 PM 2:05

R.A. / R.E.S.  
@ 1/13/09

**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 ALL LINES INSURANCE AGENCY, INC.  
(MN DOM)

(Name of Corporation)

F03000003085

(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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 13 PM 2:05

**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withdrawn corporation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**