

F05000002318

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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SECRET  
TALLAHASSEE, FL

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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**REGISTERED AGENT RESIGNATION  
KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC.**

|                       |                |
|-----------------------|----------------|
| Certificate of Status | 0              |
| Certified Copy        | 0              |
| Page Count            | 01             |
| Estimated Charge      | <b>\$87.50</b> |

### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F05000002318

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:

Mary Castillo  
(Name of Person)

Registered Agent Solutions, Inc.  
(Name of Firm/Company)

5301 Southwest Pkwy Suite 400  
(Address)

Austin, Texas 78735  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Castillo at ( 888 ) 705-7274  
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRET  
60111770

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

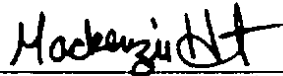
Florida Statutes, the undersigned, Registered Agent Solutions, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC  
(Name of Corporation)

F05000002318  
(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:

Mackenzie Hart  
(Typed or Printed Name)

Assistant Secretary, Registered Agent Solutions, Inc.  
(Capacity)

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**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**