

F10000002672

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

**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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16 JUN 29 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION
TRANSPORTATION COVERAGE SPECIALISTS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

JUN 30 2016

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRANSPORTATION COVERAGE SPECIALISTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: F10000002672

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:

NICOLE CHOUINARD

(Name of Person)

CT CORPORATION SYSTEM

(Name of Firm/Company)

2875 Michelle Dr, Ste 100

(Address)

Irvine, CA 92606

(City/State and Zip Code)

For further information concerning this matter, please call:

Phally Sea

(Name of Person)

at **949 955-9585**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for Transportation Coverage Specialists, Inc.
(Name of Corporation)

F10000002672

(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.

Nicole Chouinard

(Signature of Resigning Agent)

If signing on behalf of an entity:

Nicole Chouinard

(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**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN 29 PM 4:01

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