

F1700000 4117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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19 OCT 28 PM 4:36
DIVISION OF CORPORATION

PA

Resign.

10/29/19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2019

RODGER SMITH
P.O. BOX 390
WINNFIELD, LA 71483

SUBJECT: QUALITY CLAIMS SERVICE, INC.
Ref. Number: F17000004117

We have received your document for QUALITY CLAIMS SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 719A00019701

2019 OCT 28 PM 1:56

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quality Claims Service, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F17000004117

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:

Rodger Smith

(Name of Person)

Quality Claims Service, Inc.

(Name of Firm/Company)

P. O. Box 390

(Address)

Winnfield, La. 71483

(City/State and Zip Code)

For further information concerning this matter, please call:

Rodger Smith

(Name of Person)

at (318) 446-0784

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for Quality claims service, Inc.

(Name of Corporation)

F17000004117

(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.

InCorp Services, Inc.

Vanissa Moon

(Signature of Resigning Agent)

If signing on behalf of an entity:

Vanissa Moon

(Typed or Printed Name)

Authorized Representative

(Capacity)

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DIVISION OF CORPORATIONS
19 OCT 28 PM 4:36

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