## F.93000005830

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
•	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
<del></del> ·	
Consideration 1 5th off	
Special Instructions to Filing Officer:	

Office Use Only



100067125731

RA Reseign Thereis

FILED SECRETARY OF STATE SECRETARY OF STATE

U3/117/06 - 01039 - 004 \*\*70.00

## **CT** CORPORATION

February 28, 2006

RE: INSURANCE OFFICES OF ORLANDO, INC. (FL. DOM.)
ROBINSON CONTRACTING & EQUIPMENT RENTALS, INC. (AR. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is \_\_1\_\_ checks in the amount of \$70.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

> 111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED

06 MAR - 7 PM 12: 17

SECRETARY OF STATE

FALLAHASSEE, FLORIE

Pursuant to the provisions of sections of	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	ROBINSON CONTRACTING & EQUIPMENT
, , , ,	(Name of Corporation)
F93000005830	
(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 this statement is filed.	e discontinued on the 31st day after the date on which
	all
(S	ignature of Resigning Agent)
If signing on behalf of an entity:	
C T CORPORA	TION SYSTEM - THERESA ALFIERI
	(Typed or Printed Name)
AS	SSISTANT 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withdrawn corporation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