Spotts Confan Requester's Name 506 Fleming Street Address Key West, FL 3304 City/State/Zip Phone #	F. C. T.
CORPORATION NAME(S) & DOCUM	Office Use Only IENT NUMBER(S), (if known):
1. (Corporation Name)	(Document #)
	400003754348 -08/29/0001008001 ****455.00 *****35.00
2(Corporation Name)	****455.00 *****35.00 (Document #)
3.	
(Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	 □ Amendment □ Resignation of R.A., Officer/Director □ Change of Registered Agent □ Dissolution/Withdrawal □ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Evaminar's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, POBERT A. SPOTTSWOOD (Name of registered agent)	
hereby resigns as Registered Agent for <u>Premium Financial Services, InC</u> . (Name of corporation)	
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)	3.5
If signing on behalf of an entity: O AUG 28 AHASS	de de serie
(Typed or Printed Name)	
(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314