

K39956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

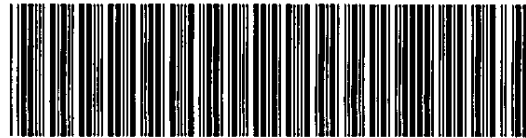
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400252805914

10/21/13--01046--005 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 OCT 21 PM 12:54

OCT 28 2013

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: East Coast Public Adjusters Inc.
(Name of Corporation)

DOCUMENT NUMBER: K 39956

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:

Daniel Catania
(Name of Person)

East Coast Public Adjusters
(Name of Firm/Company)

224 Palermo Ave
(Address)

Coral Gables FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Angie Coleman at (305) 441 0882
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

13 OCT 21 PM 12:54

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Susan Odess

(Name of Registered Agent)

hereby resigns as Registered Agent for East Coast Public Adjusters Inc

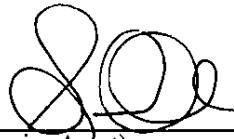
(Name of Corporation)

K39952

(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:

(Typed or Printed Name)

(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