

Division of Corporations

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# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

2019 JUN 21 PM 3:59

RECEIVED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

S TALLENT  
JUN 25 2019

### REGISTERED AGENT RESIGNATION

### EVEREST INSURANCE SOLUTIONS, INC.

\*\*\*I WAS TOLD THAT THE FAX WAS NEVER RECEIVED & ADVISED TO RESEND. PLEASE PROVIDE THE ORIGINAL SUBMISSION DATE OF 6/21/19. THANK YOU!\*\*\*

Certificate of Status	0
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R/A-Resign

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**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, **THOMAS P. MCNAMARA**

(Name of Registered Agent)

hereby resigns as Registered Agent for **EVEREST INSURANCE SOLUTIONS, INC.**

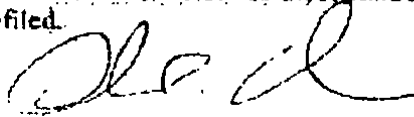
(Name of Corporation)

**K48095**

(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withdrawn corporation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

**FILED**  
2019 JUN 21 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FL