Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000085350 3)))



H070000853503ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From: .

Account Name : AKERMAN SENTERFITT - TAMPA

Account Number : I20000000249
Phone : (813)223-7333
Fax Number : (813)223-2637

TAPR-2 AM 8: 00

REGISTERED AGENT RESIGNATION

HORIZON INSURANCE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

Ps 4 3 9 0

https://efile.sunbiz.org/scripts/efilcovr.exe

DIVISION OF CORPORATIONS

(((H07000085350 3)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Registered Agent for	
(Signature of Resigning Agent) William Kalish, Esq. (Typed or Printed Name) Vice President (Capacity)	
(Signature of Resigning Agent) William Kalish, Esq. (Typed or Printed Name) Vice President (Capacity)	
(Document Number, if known) A copy of this resignation was mailed to the above listed limited liability company at its last known the agency is terminated and the office discontinued on the 31st day after the date on which the date on the date of the	
A copy of this resignation was mailed to the above listed limited liability company at its last known that the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is terminated and the office discontinued on the 31st day after the date on which the agency is the agency	
The agency is terminated and the office discontinued on the 31st day after the date on which the signing of Resigning Agent) If signing on behalf of an entity: William Kalish, Esq. (Typed or Printed Name) Vice President (Capacity)	
(Signature of Resigning Agent) If signing on behalf of an entity: William Kalish, Esq. (Typed or Printed Name) Vice President (Capacity) FILING FEES:	ıown address.
(Signature of Resigning Agent) If signing on behalf of an entity: William Kalish, Esq. (Typed or Printed Name) Vice President (Capacity) FILING FEES:	nis statement is filed
If signing on behalf of an entity: William Kalish, Esq. (Typed or Printed Name) Vice President (Capacity) FILING FEES:	
If signing on behalf of an entity: William Kalish, Esq. (Typed or Printed Name) Vice President (Capacity) FILING FEES:	
William Kalish, Esq. (Typed or Printed Name) Vice President (Capacity) FILING FEES:	
(Typed or Printed Name) Vice President (Capacity) FILING FEES:	•
Vice President (Capacity) FILING FEES:	
(Capacity) FILING FEES:	
FILING FEES:	
FILING FEES:	
FILING FEES:	
\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissol withdrawn limited liability company	ved/
Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327	
Tallahassee, FL 32314	