

LOS 000119858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

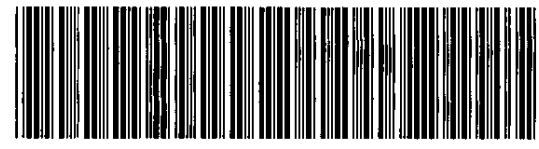
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2010 AUG -6 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROTECTUS INSURANCE SERVICES, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L05000119858

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:

JOHN E HUTSON

(Name of Person)

HUTSON INSURANCE GROUP INC

(Name of Firm/Company)

P.O. BOX 850

(Address)

OCOE FL 34761

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN E HUTSON

(Name of Person)

at ( 352 ) 875-0013

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**  
2010 AUG -6 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, JOHN E HUTSON

(Name of Registered Agent)

hereby resigns as Registered Agent for PROTECTUS INSURANCE SERVICES, LLC

(Name of Corporation)

L05000119858

(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.

Sandra Alexander by POA for Corp.  
(Signature of Resigning Agent)

If signing on behalf of an entity:

SANDRA L ALEXANDER BY POA FOR CORP

(Typed or Printed Name)

VICE PRESIDENT OF OPERATIONS

(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**

Prepared by and return to  
Reda J. Stewart, Esquire  
700 Almond Street  
Clermont, FL 34711

## SPECIFIC/LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, **JOHN E. HUTSON, President and Director of HUTSON INSURANCE GROUP, INC.**, a Florida corporation, whose address is 194 N. Highway 27, Ste B., Clermont, FL 34711, have made, constituted and appointed, and by these presents do make, constitute and appoint **SANDRA ALEXANDER, Vice President of HUTSON INSURANCE GROUP, INC.**, a Florida corporation, whose address is 194 N. Highway 27, Ste. B, Clermont, FL 34711, my true and lawful attorney for me and in my name, place and stead, giving and granting unto my said attorney-in-fact, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary for the following specific purposes:

In her capacity as Vice President of HUTSON INSURANCE GROUP, INC., a Florida corporation (the "Corporation"), to:

1. Enter into Contracts with various insurance carriers on behalf of the Corporation.
2. Enter into and terminate employee contracts on behalf of the Corporation.
3. Enter into Asset Sale and Purchase Agreements and to produce all documents required under such Agreement(s), and to execute all closing documents on behalf of the Corporation, in connection with the consummation of such transaction.
4. Engage the services of attorneys at law for representation of the Corporation, including, but not limited to, litigation for enforcement or defense of contracts.

Further, this specific power and authority is granted to SANDRA ALEXANDER, as Vice President of HUTSON INSURANCE GROUP, INC., to perform as fully, for all intents and purposes as fully as I might or could do as President of HUTSON INSURANCE GROUP, INC., if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney-in-fact, or his/her substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have executed this Power of Attorney this 10<sup>th</sup> of May 2010.

Signed in the presence of:

Kay Magnuson  
Print Name: Kay Magnuson

Deborah Ladner  
Print Name: Deborah Ladner

John E. Hutson  
John E. Hutson



JUDITH A. HERNDON  
MY COMMISSION # DD 858089  
EXPIRES: March 31, 2013  
Bonded Thru Budget Notary Services

STATE OF FLORIDA

COUNTY OF Lake

The foregoing document was acknowledged before me this May 10<sup>th</sup>, 2010, by JOHN E. HUTSON, who is personally known to me or produced personally as identification.

Judith A. Herndon  
Notary Public