

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L07000104073

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
MIAMI INSURANCE ASSOCIATES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
DIVISION OF CORPORATIONS
FEB 14 2022 11:11 AM

2022 NOV - 7 PM 1:50

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AND
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NOV 07 2022
K. Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI INSURANCE ASSOCIATES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L0700010407

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Name of Firm/Company

Corporate Center One, 5301 Southwest Parkway, Suite 400

Address

Austin, Texas 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Person

at (888) 705-7274

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED
AND
FILED
2022 NOV - 7 PM 1:50
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ALLSTATE CORPORATE SERVICES CORP.

, hereby resigns as

Name of Registered Agent

Registered Agent for MIAMI INSURANCE ASSOCIATES LLC

Name of Limited Liability Company

L07000104073

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Sean Prewitt

Typed or Printed Name

Assistant Secretary, Allstate Corporate Services Corp.

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

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AND
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2022 NOV - 7 PM 1:50
TALLAHASSEE, FL
DIVISION OF STATE
CORPORATIONS