

L16000231966

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SECRETARY OF STATE
TALLAHASSEE, FL

4/19/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heacock Insurance Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000231966

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:

Jason Heacock

Name of Person

Heacock Insurance Group, LLC

Name of Firm/Company

32313 Broadway Street, Suite 101

Address

Sebring, FL 33870

City/State and Zip Code

jheacock@heacock.com

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

For further information concerning this matter, please call:

Jason Heacock

at (863) 669-5453

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED

2021 FEB 19 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FL

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

Darrell Jensen

, hereby resigns as

Name of Registered Agent

Registered Agent for Heacock Insurance Group, LLC


Name of Limited Liability Company

L16000231966

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.



Darrell Jensen, Feb 19, 2021

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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