## N96000000567

Reque	estor's Name	
FL Assoc. of	Independent	5000029102154
Insurance Adjusters, Inc. Post Office Box 5352 Ft Lauderdale, FL. 33310		-06/21/9901067011 *****35.00 *****35.00
		**************************************
City/State/Zip Phone #		Office Use Only
CORPORA TION N	AME(S) & DOCUMENT N	IIMBER(S), (if known):
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☐ Walk in ☐	Pick up time	Certified Copy
	Will wait Photoco	г <b>1</b>
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer	Director
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	William Control of the Control of th
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	PA resig.
	Reinstatement	PA resig.
	Trademark	
	Other	V. SHEPARD JUN 2 4 1999.

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED

99 JUN 21 AM 9: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.05020	(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Name of registered agent)
hereby resigns as Registered Agent for Fluking	(Name of corporation) INSURANCE ADJUSTERS, IN
A copy of this resignation was mailed to the abo	ove listed corporation at its last known address.
The agency is terminated and the office discontinuithis statement is filed.	inued on the 31st day after the date on which
(Signature of 1	Undje-
If signing on behalf of an entity:	·
(Typed or Pr	rinted Name)
(Capa	acity)

Fee for filing this document:

\$87,50 - Active corporation \$35.00 - Administratively dissolved corporation