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**FLORIDA WORKERS' COMPENSATION
INSURANCE COMMISSION**

EMPLOYER ASSISTANCE SECTION
801 BRICKELL AVENUE • 9TH FLOOR
MIAMI, FLORIDA 33131

City/State/Zip

Phone #

300003024253--8

-10/25/99-01123-016

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

AMENDMENTS

- | | |
|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment |
| <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Resignation of R.A., Officer/Director |
| <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Domestication | <input type="checkbox"/> Dissolution/Withdrawal |
| <input type="checkbox"/> Other | <input type="checkbox"/> Merger |

OTHER FILINGS

REGISTRATION/QUALIFICATION

- | | |
|--|--|
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Foreign |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Limited Partnership |
| | <input type="checkbox"/> Reinstatement |
| | <input type="checkbox"/> Trademark |
| | <input type="checkbox"/> Other |

Examiner's Initials


OFFICER / DIRECTOR RESIGNATION

I, Dinavon Bythwood, hereby resign as Director
(Title)

of The Florida Workers Compensation Insurance Commission, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILED
99 OCT 25 AM 10:42

FILING FEE IS \$35.00