

P00000049080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

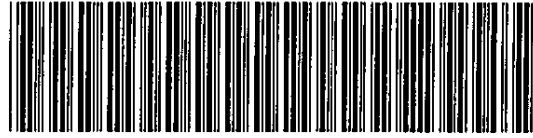
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



70010444084

*RA design
News*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2007 JUL -5 PM 2:14

FILED

07/05/07--01026--006 **175.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D&D INSURANCE CONSULTANTS INC., a Florida corporation
(Name of Corporation)

DOCUMENT NUMBER: P00000049080

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:

Sonia Elizabeth Aragon

(Name of Person)

D&D INSURANCE CONSULTANTS INC.

(Name of Firm/Company)

870 East 6th Avenue

(Address)

Hialeah, Florida 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

Sonia Elizabeth Aragon

(Name of Person)

at (305) 978-7637

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
2007 JUL -5 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

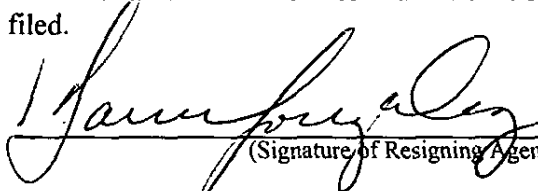
Florida Statutes, the undersigned, Damaris Gonzalez
(Name of Registered Agent)

hereby resigns as Registered Agent for D&D INSURANCE CONSULTANTS INC.
(Name of Corporation)

P00000049080
(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D&D INSURANCE CONSULTANTS INC., a Florida corporation
(Name of Corporation)

DOCUMENT NUMBER: P00000049080

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonia Elizabeth Aragon
(Name of Contact Person)

D&D INSURANCE CONSULTANTS INC.
(Firm/Company)

879 East 6th Avenue
(Address)

Hialeah, Florida 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

Sonia Elizabeth Aragon at (305) 978-7637
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVENANT NOT TO COMPETE


DAMARIS GONZALEZ, for and in consideration of \$10.00 and other good and valuable consideration in hand paid, hereby agrees and covenants that, upon conclusion of the sale of certain assets of the business known as "**D & D INSURANCE CONSULTANTS, INC., a Florida Corporation,**" located at 870 East 6th, Avenue, Hialeah, Florida 33010, to **SONIA ARAGON**, pursuant to Purchase of Assets Agreement, that seller and its principal, **DAMARIS GONZALEZ**, will not, for a period of five (5) years from the date of closing, conduct, establish, re-establish, open, re-open, or be engaged in or become interested in directly or indirectly, as an owner, partner or principal, in the business of the wholesale sale of insurance or any business activity which is similar to or in competition with business being sold, and will not solicit any of the customer of the business enumerated in the customer attached hereto, for the sale to such customers of insurance.

Dated: 7/2/7, 2007

Signed in the presence of :

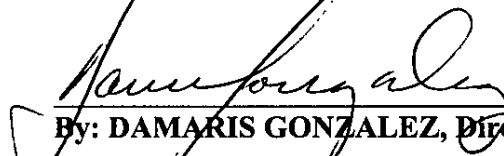


MARIA PRATS HAMILTON



LISA LAIZ

**D & D INSURANCE CONSULTANTS, INC.,
a Florida Corporation.**



By: **DAMARIS GONZALEZ, Director and
Individually**