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MICHAEL R. ABRAMSON
AGENT

ALLSTATE INSURANCE CO.
6053 ST. AUGUSTINE RD.
JACKSONVILLE, FLORIDA 32217

City/State/Zip

Phone #

Office Use Only

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

- 1. _____
(Corporation Name) (Document #)
- 2. _____ **300004273103--1**
(Corporation Name) (Document #) **05/21/01--01077--005**
*******35.00 *****35.00**
- 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

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent *address*
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
MAY 21 PM 3:46

Examiner's Initials *aw/5/24*

