

P02 000/28 213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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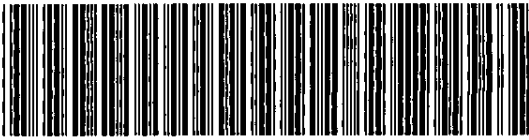
(Business Entity Name)

(Document Number)

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PA Res  
02/24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA CLAIMS EXPERTS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Jorge L. Carbonell  
(Name of Person)

ACG Registered Agents, LLC  
(Name of Firm/Company)

2100 Ponce De Leon Blvd., Suite 800  
(Address)

Coral Gables, Florida 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge L. Carbonell at ( 305 ) 444-5885  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

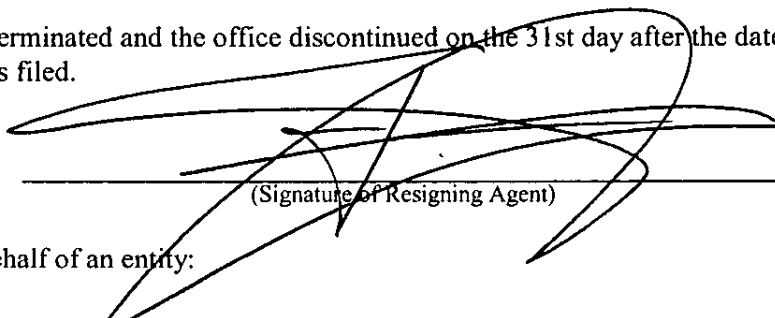
**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, ACG Registered Agents, LLC  
(Name of Registered Agent)  
hereby resigns as Registered Agent for Florida Claims Experts, Inc.  
(Name of Corporation)

\_\_\_\_\_  
(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:

Jorge L. Carbonell  
\_\_\_\_\_  
(Typed or Printed Name)

Manager  
\_\_\_\_\_  
(Capacity)

FILED  
12 FEB 23 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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