

P02 000/28 213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

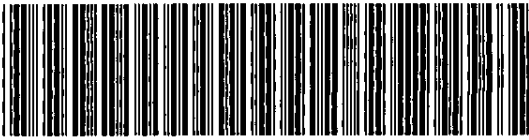
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Call

Office Use Only



700222421537

02/23/12--01020--006 **87.50

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

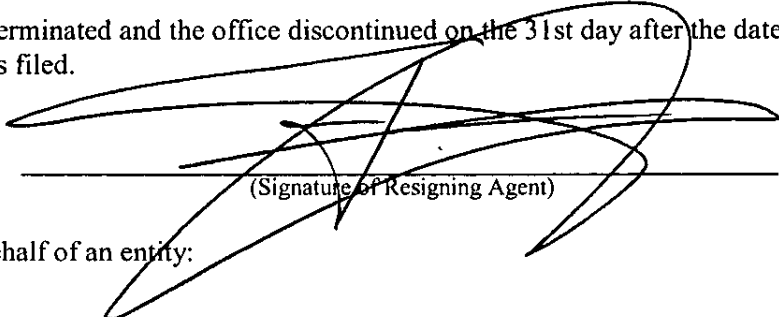
**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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