

PD3000011752

(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



500257518225

03/10/14--01037--009 **87.50

14 MAR 10 21 10:37
TALLAHASSEE, FLORIDA

RIARES

MAR 11 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EQUILLIANCE INSURANCE & FINANCE CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P03000011752

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:

ANTHONY D'OYLEY
(Name of Person)

EQUILLIANCE INSURANCE & FINANCE CORP
(Name of Firm/Company)

P.O. Box 101582
(Address)

FORT LAUDERDALE FL 33310
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY D'OYLEY at (954) 599-0730
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, SHARON McLENNON
(Name of Registered Agent)

hereby resigns as Registered Agent for EQUILLIANCE INSURANCE & FINANCE CORP
(Name of Corporation)

P03000011752
(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)

FILED
14 MAR 10 AM 10:36
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withdrawn corporation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**