

P05000024119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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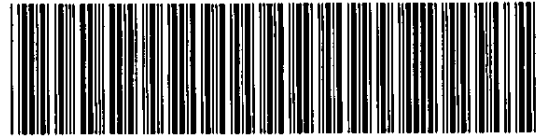
(Business Entity Name)

(Document Number)

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*Designation  
to RA*

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 MAY -6 AM 10:03

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY -6 PM 12:45

FILED

*DOR  
5/6/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** King's Bay Reinsurance Intermediaries, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000024119

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:

Ginger Madewell  
(Name of Person)

Galloway Brennan, P.A.  
(Name of Firm/Company)

240 East 5<sup>th</sup> Avenue  
(Address)

Tallahassee, FL 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ginger Madewell at ( 850 ) 224-0141  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

**FILED**  
**2010 MAY -6 PM 12:45**  
**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, Clyde W. Galloway, Jr.  
(Name of Registered Agent)  
hereby resigns as Registered Agent for King's Bay Reinsurance Intermediaries, Inc.,  
(Name of Corporation)

P05000024119

(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 31<sup>st</sup> 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 32312**