P08000024530

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
(City/State/Zip/Filone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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SECRETARY OF STATE

R-A. Kasegu

C.COULLIETTE

MAY 07 2009

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Insure Smart Direct Inc
	(Name of Corporation)
DOC	UMENT NUMBER: P08000024530
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
ASH	ILEAY MECCARIELLI
	(Name of Person)
	·
	(Name of Firm/Company)
243	6 N FEDERAL HWY #193
	(Address)
LIG	HTHOUSE POINT FL 33064
	(City/State and Zip Code)
For fu	erther information concerning this matter, please call:
ASH	LEAY MECCARIELLI at (
Enclo or \$3	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amen Divisi Clifto 2661	Mailing Address: dment Section on of Corporations n Building Executive Center Circle tassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned Richard Brands
(Name of Registered Agent)
nereby resigns as Registered Agent for Insure Smart Direct Inc.
(Name of Corporation)
P08000024530
(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 his statement is filed. (Signature of Resigning Agent)
f 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 32314