P800035935

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(0)	- 101-1-17'- 171-1-1	40
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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resignation

02/23/10--01008--017 **35.00



204/10

COVER LETTER

Division of Corporations	
SUBJECT: THE INSURANCE CE	ENTER. COM INC.
•	(Name of Corporation)
DOCUMENT NUMBER: P0800	0035935
The enclosed Resignation of Registe	red Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Brenna Lutter	
(Name of Perso	on)
BizFilings	
(Name of Firm/Cor	mpany)
8040 Excelsior Dr Suite 200	
(Address)	
Madison, WI 53717	
(City/State and Zip	Code)
For further information concerning to	his matter, please call:
Brenna Lutter	at (608) 827-5300 x232 (Area Code & Daytime Telephone Numbe)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.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 6	07.0502(2), 617.0502(2), 607.1509, or 61	71209,	3
Florida Statutes, the undersigned,Bu	siness Filings Incorporated	翌	83
, <u> </u>	(Name of Registered Agent)	SS	$\frac{\kappa}{\omega}$
hereby resigns as Registered Agent for	THE INSURANCE CENTER. COM II	VC A	7
, , ,	(Name of Corporation)	77.0	ب
P08000035935		ALO ALO	7 6
(Document Number, if known)		7.0	
A copy of this resignation was mailed to	o the above listed corporation at its last kn	own add	lress.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	e on whi	ch
Brenna	gnature of Resigning Agent)	_	
If signing on behalf of an entity:	ghatare of resigning rigenty		
Brenna L Lutter		_	
	(Typed or Printed Name)		
Assistant Secreta	ry for Business Filings Incorporated		
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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