P09 00000 4573

(Red	questor's Name)	
(Add	dress)	
(Aai	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
-	. Pro 1/1 A.1	
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



600341512786

03/02/20--01029--005 **87.50

JUZISION OF CONTOPAL A

QVI 3(17120

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: W# Anderson Insurance, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P0900004573</u>
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:
Nuncy Piper (Name of Person)
Stevens i Goldwyn, P.A. (Name of Firm/Company)
2 S. University Drive #329 (Address)
Plentation FL 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (954) 60 476-2680 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, 5tevens 3 60 /dwn P.A. (Name of Registered Agent)
hereby resigns as Registered Agent for W. H. Anderson In Sulance, 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:
Tohn W. Strong TII (Typed or Printed Name) 7 OFFICE OF STRONG TILL RESERVED 2 OFFICE OF STRONG TILL RESERVED 2 OFFICE OFFICE OF STRONG TILL RESERVED 2 OFFICE OFFI
<u> </u>
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

.