

Nov. 3. 2016 11:29AM

Division of Corporations

No. 0416 P. 1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT RESIGNATION
NEVIN MILLER INSURANCE INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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16 NOV -3 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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R/A - Resign

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEVIN MILLER INSURANCE INC.

(Name of Corporation)

DOCUMENT NUMBER: P09000051989

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:

MONICA CLIFFORD

(Name of Person)

INCORPORATING SERVICES, LTD.

(Name of Firm/Company)

3500 S DUPONT HWY

(Address)

DOVER, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

MONICA CLIFFORD

(Name of Person)

at (800) 346-4646

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Nov. 3. 2016 11:30AM

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**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, INCORPORATING SERVICES, LTD.

(Name of Registered Agent)

hereby resigns as Registered Agent for NEVIN MILLER INSURANCE INC.

(Name of Corporation)

P09000051989

(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:

AMY BALKE

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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SECRETARY OF STATE
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