P69000072019

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(3.	, , ,	,	
(De	ocument Number)		
7.0)	cument wantber)		
Certified Copies	_ Certificates	of Status	
_			
Special Instructions to	Filing Officer:		
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R/A-Resign

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Accurate Insurance Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P09000072019
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:
DARM T. W(is/4 (Name of Person)
Law Offices of Darrin T. Mish, P.A. (Name of Firm/Company)
15421 North Florida Avenue
(Address)
Tampa, FL 33613
(City/State and Zip Code)
For further information concerning this matter, please call:
Darrin T. Mish (Name of Person) at (813) 229-7100 (Area Code & Daytime Telephone Number)
(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 corpor

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or	617.1509,
Florida Statutes, the undersigned,	Law Offices of Darrin T. Mish, P.A.	۹.
_	(Name of Registered Agent)	
hereby resigns as Registered Agent	Accurate Insurance Services,	INC.
maraby realigns as registered riger.	(Name of Corporation)	
P09000072019		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last	known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the o	date on which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		18 F
Darrin	T. Mish (Typed or Printed Name)	FILED B-5 PH EB-5 PH
Presid	lent	E 2000

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

(Capacity)