P11000056212

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R. WHITE FEB 0 6 2018

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: Hospitium	Risk	Services	P.A.	
		(Nar	ne of Corporation)		
DOCI	IMENT NUMBER: PU	00005	6212		

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:

For further information concerning this matter, please call:

Nestor Caballero at (305) 662.72.72
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, Nestor Caballero for Alberni Caballero + Company + (Name of Registered Agent)
hereby resigns as Registered Agent for Hospitium Risk Securces P.A. (Name of Corporation)
P11000056212
(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:
Mestor Caballero for Alberni Caballero + Company, LLP (Typed or Printed Name)
General Partner (Capacity)
Fee for filing this document:
\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation