

PH000051548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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06/30/17--01003--019 **35.00

JUL 03 2017
S. YOUNG

RECEIVED
DEPARTMENT OF REVENUE
17 JUN 30 PM 12:08

FILED
17 JUN 30 AM 10:03
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EQUITABLE INSURANCE BROKERAGE

INC.

Signature _____

Requested by: BAN

6/30

AM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 Ponder's Printing • Thomville, GA 31088

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
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____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ ☒ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**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, YOUR Capital Connection, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Equitable Insurance
(Name of Corporation)
Brokerage, Inc.
P14000051548
(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.

Barbara Neeley
(Signature of Resigning Agent)

If signing on behalf of an entity:

BARBARA Neeley
(Typed or Printed Name)

Client Rep.
(Capacity)

FILED
JUN 30 AM 10:03
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withdrawn corporation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