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Divisio	on of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet	Page 1 of 1
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	To: Division of Corporations Fax Number : (850)617-6380	
	From: Account Name : BRANT, REITER, MCCORMIN Account Number : I20040000043 Phone : (904)358-2750 Fax Number : (904)353-1166	CK & JOHNSON, P.A.
* ≢Ent	ter the email address for this business entity to be us annual report mailings. Enter only one email address p Email Address:	ed for future clease.**
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COVER LETTER

TO: Amendment Section **Division of Corporations**

STELLER LIFE, INC. SUBJECT: (Name of Corporation)

DOCUMENT NUMBER: P14000077368

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:

AMY H. JOHNSON, ESQ. (Name of Person)

BRANT, REITER, MCCORMICK & JOHNSON, P.A.

(Name of Firm/Company)

135 WEST BAY STREET, SUITE 400 (Address)

JACKSONVILLE, FL 32202 (City/State and Zip Code)

For further information concerning this matter, please call:

REBECCA CANALES, PARALEGAL _ at (_ 904 366-2384 ÷. (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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,	BRANT, ABRAHAM, REITER, ET. AL.
	(Name of Registered Agent)
hereby resigns as Registered Agent fo	STELLER LIFE, INC.
	(Name of Corporation)

P14000077368

(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:

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FLORIDA	ڢ	
<u>S</u>	ယ္လ	

AMY H. JOHNSON, ESQ. (Typed or Printed Name)

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 Tallabassee, FL 32314