## Requestor's Name 400002487054--1 -04/13/98--01127--010 Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in ☐ Will wait Mail out Photocopy Certificate of Status AMENDMENTS ..... NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Метдет Other OTHER FILINGS REGISTRATION/ -QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials



## Florida Department of State, Jim Smith, Secretary of State

## **RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisi	ons of sections 607.0502(	2) or 607.1509, Florida Statues, the
undersigned, C T CORPORATION SYSTE		hereby resigns as
	name of registered agent)	<del></del> ,
Registered Agent for_	U.S. CAPITAL INSUR	ANCE COMPANY
	(name of co	rporation)
ORGANIZED UNDER THE	LAWS OF THE STATE OF _	New York
address. 4 Red C White B	on was mailed to the above tak Lane Plains, NY 10604 Edward P. Bertero	ve listed corporation at its last known
The agency is terminate which the statement w		nued on the 31st day after the date on
		SIGNATURE

FEE FOR FILING THIS DOCUMENT: \$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation