

PI8000014413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

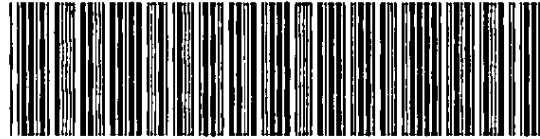
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Q. SILAS

JUL 25 2022

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SECRETARY OF STATE
TALLAHASSEE, FL

MAY 20 PM 3:00

FILED



**CAPITOL
SERVICES**

**Resignation of Registered Agent for a
Corporation**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone (800) 345-4647 Fax: (800) 432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**DATE: 5/13/2022
STATE: FLORIDA
REP UNIT: SBLI USA LIFE INSURANCE
COMPANY, INC.**

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 32595 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



24-177974Y

FILED

MAY 20 11 31 AM

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capitol Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for

SBLI USA LIFE INSURANCE COMPANY, INC.

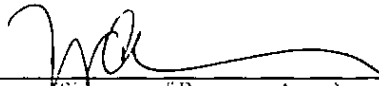
(Name of Corporation)

P18000014413

(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:

Yvette Cleveland

(Typed or Printed Name)

Assistant Secretary

(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

Tallahassee, FL 32314