P180000 43253

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Insurance Quality Parts, Ir	nc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P1800004	•
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Natalie Serpa	
(Name of Person	on)
nsurance Quality Parts, Inc.	
(Name of Firm/Con	mpany)
8601 NW 55th Street, Unit 104	
(Address)	
Miami, FL 33142	
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
Natalie Serpa	786 777-8801 at ()
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

 $TO \cdot$

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0503(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the undersigned,	Jatalie Serpa	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Insurance Quality Parts, Inc.	
neredy resigns as registered rigent to	(Name of Corporation)	
P18000043253		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last kno	wn address.
The agency is terminated and the offic this statement is filed.	ce discontinued on the 31st day after the date	on which
_ Mortalli /	Signature of Resigning Agent)	
. 1	Signature of Resigning Agent)	203
If signing on behalf of an entity:		2026 FF ? 18
Natalie Serpa		~ ~ ~
	(Typed or Printed Name)	PI (
President		52

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)