

P20000042592

REQUEST ORIGINAL FILING DATE 2-24-2023

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-9166
Fax Number : (305) 347-7748

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PLagonowicz@shutts.com

**REGISTERED AGENT RESIGNATION
ALFA PROTECTORS CORPORATION**

Certificate of Status	0
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2023 FEB 24 AM 7:54
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

2023 FEB 27 PM 12:04

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION COMPANY OF MIAMI, hereby resigns as

Name of Registered Agent

Registered Agent for ALFA PROTECTORS CORPORATION

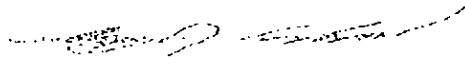
Name of Limited Liability Company

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Document Number, if known.

A copy of this resignation was mailed to the above listed limited liability company 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:

Gary J. Cohen

Typed or Printed Name

Vice President

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)

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