

P25872

CT
Requestor's Name
1633 Broadway
Address
NY 10019
City/State/Zip Phone #

000002408840--3
-01/22/98--01070--019
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 22 AM 10:56

01-23-98

Examiner's Initials

CC



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 22 AM 10:56

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as
(name of registered agent)

Registered Agent for CONSUMER'S INSURANCE ADVISORY AGENCY, INC.
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF ILLINOIS

A copy of this resignation was mailed to the above listed corporation at its last known address.

c/o Advisory Agency, Inc. 2835 Belvidere Rd., Suite 315
Waukegan, IL., 60085 Att: Kara S. Kischer

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

Kara S. Kischer
SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation