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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bruer's Insurance of North Tampa, he. (Name of Corporation)
DOCUMENT NUMBER: P940000 60 576
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Judith Comolivs (Name of Person)
Judita Cornelia, CPA, PA (Name of Firm/Company)
6707 N. Himes Ave (Address)
Tampa, fra 33614 (City/State and Zip Code)
For further information concerning this matter, please call:
Justin Corncliva at (813) 876-1223 (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Judith Comelius, CPA (Name of Registered Agent)
hereby resigns as Registered Agent for Brune's Inswance of North Hampa, In. (Name of Corporation)
(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. Conclusion C
(Typed or Printed Name)
(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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