# 95000048704

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

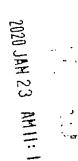


400339558794

01/23/20--01316--011 \*\*137:50

87.50

S TALLEN FEB 2 1 2020



#### **COVER LETTER** -

TO: Amendment Section Division of Corporations		
SUBJECT:		
(N	ame of Corpo	oration)
DOCUMENT NUMBER: P95000048704		
The enclosed Resignation of Registered Ager	nt for a Corp	poration and fee are submitted for filing
Please return all correspondence concerning	this matter to	o the following:
Ronald F Delo		
(Name of Person)	<del></del>	<del></del>
Insurance Claim Consultants, Inc.		
(Name of Firm/Company)		<u> </u>
711 S. Howard Avenue, Suite 200		
(Address)		<del></del>
Tampa, FL 33606		
(City/State and Zip Code)		<u> </u>
For further information concerning this matte	er, please cal	1:
Ronald F Delo	727 a1 (	647-7195
(Name of Person)	(Area Co	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provis	ions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.150	9,
Florida Statutes, the u	ndersigned, Dawn A Datso	
The total control of the control of	(Name of Registered Agent)	
hereby resigns as Reg	istored A gent for Insurance Claim Consultants, Inc	
nereby resigns as iveg	(Name of Corporation)	
P95000048704		
(Document Numb	per, if known)	
A copy of this resigna	tion was mailed to the above listed corporation at its last known	address.
this statement is filed.		
D	awn A Datso Digitally signed by Dawn A Datso Date: 2020.01.20 15:29:07 -06'00'	2020 JAN 23
	(Signature of Resigning Agent)	- AM
If signing on behalf or	f an entity:	
		= -
		-
	(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, F1, 32314