

P95000091280

(Requestor's Name)

(Address)

(Address)

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RA/Res
11/8/12

LAW OFFICE OF
SHEREE H. LANCASTER, P.A.

109 EAST WADE STREET
POST OFFICE BOX 1000
TRENTON, FLORIDA 32693

PHONE: (352) 463-1000
FAX: (352) 463-2939

November 5, 2012

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: EAGLE INSURANCE OF NORTH FLORIDA, INC.

Greetings:

In connection with the above referenced, enclosed please find the following:

1. Resignation of Registered Agent for A Limited Liability Company.
2. My check number 6976 in the amount of \$35.00 for the fee.

Thank you for your attention in this matter.

Sincerely,



Sheree H. Lancaster

SHL/sdh

Enclosures

c: Eagle Ins.
C. Martin
J. Indianos

**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, SHEREE H. LANCASTER

(Name of Registered Agent)

hereby resigns as Registered Agent for EAGLE INSURANCE OF NORTH FLORIDA, INC.

(Name of Corporation)

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(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.



(Signature of Resigning Agent)

If signing on behalf of 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withdrawn corporation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, FL 32314**

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