

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 FILED AN 8: 59
SECRETARY OF STATE
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REGISTERED AGENT RESIGNATION

ASSURANCE PROVIDERS, INC.

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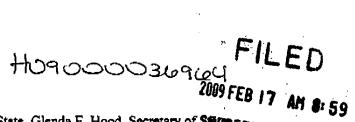
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EMPIRE CORP KIT

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Florida Department of State, Glenda E. Hood, Secretary of SEGRETARY OF STATE
TALLAHASSEE.FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of section 607.0502(2) or 607.1509, Florida Statutes, the undersigned, WILLIAM ROGER BOONE, JR. hereby resigns as Registered Agent for ASSURANCE PROVIDERS, INC.

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 the statement was filed.

WILLIAM ROGER BOONE, JR.

FEE FOR FILING THIS DOCUMENT: \$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation

Division of Corporation - P.O. Box 6327 - Tallahassee, FL 32314 CR2EO46 (7,90)

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