## P97000005472

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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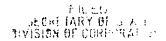
## **COVER LETTER**

SUBJECT: KERWICK AND CURRAN INC. OF FLORIDA
SHRIKO TO
(Name of Corporation)
DOCUMENT NUMBER: P97000005472
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:
Emily Smith
(Name of Person)
Paracorp Incorporated
(Name of Firm/Company)
PO Box 160568
(Address)
Sacramento, CA 95816
(City/State and Zip Code)
For further information concerning this matter, please call:
Sharon Cooke (Name of Person)  (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2017 JAN 18 AM 10: 55

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Paracorp Incorporated
(Name of Registered Agent)
hereby resigns as Registered Agent for KERWICK AND CURRAN INC. OF FLORIDA
(Name of Corporation)
P9700005472
(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.
Strason Boxe (Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Sharon Cooke
(Typed or Printed Name)
Assistant Secretary, Paracorp Incorporated
(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