

P970000/6517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

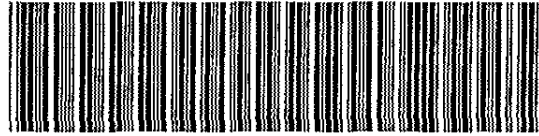
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2004 FEB 27 PM 4:56

OLD Resign.

3/5/04

DC

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Please Handle the Resignation from 18-
Florida Corp. at \$35.00 Each.

Total \$630.00 Attached Check

Also, Handle the Resignation of Two Registered Agent
for \$87.50 Each

Total 175.00. Attached Check.

If you have any question please Contact me at 727-781-0400.
or address of 1471 Noell Blvd, Palm Harbor, FL. 34683

Notify me of completion of Task - Thank You

Philip J. Chern

OFFICER / DIRECTOR RESIGNATION

I, Phillip G. Chesson, hereby resign as DPS
(Title)

of Bay Insurance Administrators, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Phillip G. Chesson
(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS
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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314