

P97000073/26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

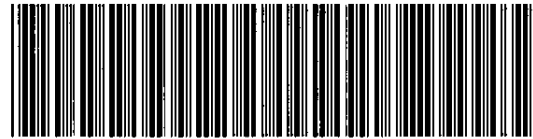
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11 AUG 16 PM 12:46

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RA Resign  
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8-18-11



111 Eighth Avenue  
New York, NY 10011

212 894 8940 tel  
212 590 9180 fax  
[www.ctlegalsolutions.com](http://www.ctlegalsolutions.com)

August 9, 2011

RE: CLAIMS MANAGEMENT CENTER, INC. (FL. DOM.)

Department of State  
Division of Corporations  
Clifton Building  
261 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 10.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA:lf  
Enclosure

• • • •

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLAIMS MANAGEMENT CENTER, INC. (FL. DOM.)  
Name of Limited Liability Company

**DOCUMENT NUMBER:** P97000073126

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA ALFIERI  
Name of Person

CT CORPORATION SSYTEM  
Name of Firm/Company

111 EIGHTH AVE  
Address

NEW YORK, NY 10011  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2011

THERESA ALFIERI  
C T CORPORATION SYSTEM  
111 EIGHTH AVENUE  
NEW YORK, NY 10011

SUBJECT: CLAIMS MANAGEMENT CENTER, INC.  
Ref. Number: P97000073126

We have received your document for CLAIMS MANAGEMENT CENTER, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 111A00017984

RECEIVED  
11 AUG 17 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

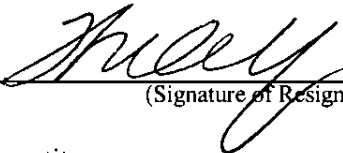
**FILED**  
**11 AUG 16 PM 12:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, C T CORPORATION SYSTEM  
(Name of Registered Agent)  
hereby resigns as Registered Agent for CLAIMS MANAGEMENT CENTER, INC. (FL. DOM.)  
(Name of Corporation)

P97000073216  
(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:

C T CORPORATION SYSTEM - THERESA ALFIERI  
(Typed or Printed Name)

ASSISTANT SECRETARY  
(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**