

P98000081879

Requester's Name	
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Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) **400003426404--0**  
-10/16/00--01124--017  
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3. \_\_\_\_\_  
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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**FILED**

00 OCT 16 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ac 10/18*

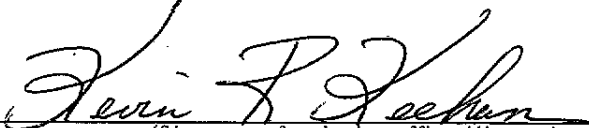
## OFFICER / DIRECTOR RESIGNATION

I, KEVIN R. KEEHAN, hereby resign as PRESIDENT  
(Title)

of INSURANCE & SECURITIES TRAINING CENTER, 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.

  
(Signature of resigning officer/director)

**FILED**  
00 OCT 16 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**