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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**DISS/TERM/CANCEL/REV OF LP/LLP
COLEMONT INSURANCE BROKERS OF TEXAS, LP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

FILED
10 DEC 17 AM 10:50
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D. BRUCE
DEC 20 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLEMONT INSURANCE BROKERS OF TEXAS, LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SANDY SANDERS

(Contact Person)

AMUNIS GROUP, INC

(Firm/Company)

4725 PIEDMONT ROW DRIVE SUITE 600

(Address)

CHARLOTTE, NC 28210

(City, State and Zip Code)

For further information concerning this matter, please call:

SANDY SANDERS

(Name of Contact Person)

at (704) 749-2752

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee
and Certificate of
Status

\$105.00 Filing Fee
and Certified Copy

\$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

COLEMONT INSURANCE BROKERS OF TEXAS, LP

(Name of limited partnership or limited liability limited partnership)

Texas

(Jurisdiction of formation)

02/11/2005

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Scott M. Purviance, VP of CIB GP INC., its General Partner

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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