

BO6000000207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

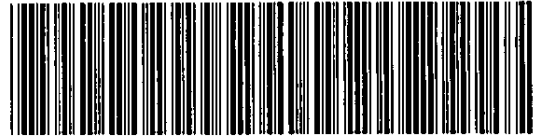
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/18/16--01004--008 **52.50

2016 05 18 A 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
16 AUG 18 AM 11:31

S Warren

AUG 19 2016

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8-18-16

☐ CERTIFIED COPY

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Cancellation

file 1st

1. Oxford Insurance Services Limited
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **OXFORD INSURANCE SERVICES LIMITED**
(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:

LEANA GUZMAN

(Contact Person)

REGISTERED AGENT SOLUTIONS, INC.

(Firm/Company)

1701 DIRECTORS BLVD. SUITE 300

(Address)

AUSTIN, TX 78744

(City, State and Zip Code)

For further information concerning this matter, please call:

LEANA GUZMAN

(Name of Contact Person)

at (**888**) **705-7274**

(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

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

OXFORD INSURANCE SERVICES LIMITED

(Name of foreign limited partnership or limited liability limited partnership)

B06000000207

(Florida Document Number of the Foreign LP or LLLP)

TEXAS

(Jurisdiction of formation)

05/12/2006

(Date authorized to transact business in Florida)

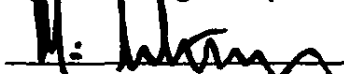
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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: Upon Approval
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

P. Matthew Galtney

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

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2016 JUN 18 A 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA