

FOb 000002302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

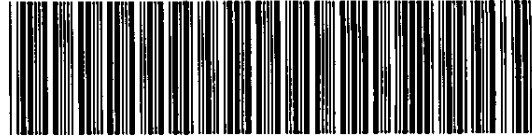
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/31/16--01032--008 **35.00

2016 OCT 31 PM 7:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 01 2016
C. CARROTHERS



LICENSING PROFESSIONALS

Insurance Compliance Service
P.O. Box 566, Lynden WA 98264
Toll Free: (888) 543-5432
Fax: (360) 933-1991
Email: swetzsteon@licensingpros.com

MEMO

DATE: October 25, 2016

TO: Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL, 32314

FROM: Shannon Wetzsteon | Licensing Professionals

SUBJECT: Application for Certificate of Withdrawal – Foreign Corporation
Brooks Insurance Agency, Inc. | Document No: F06000002302

Dear Processor,

Submitted for your approval is the application to formally withdraw **Brooks Insurance Agency, Inc.**'s authority to transact business in the state of Florida. Enclosed, please find the following:

- Cover Letter
- *Application by Foreign Corporation for Withdraw Authority to Transact Business*
- Check in the amount of \$35.00 made payable to:

Florida Secretary of State

Should you have any questions or require further information to process this request please contact Shannon Wetzsteon with Licensing Professionals at (888) 543-5432 or at swetzsteon@licensingpros.com.

Thank you,

Shannon Wetzsteon
Licensing Professionals
Enc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brooks Insurance Agency, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F06000002302

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Wetzsteon
(Name of Person)
Licensing Professionals
(Firm/Company)
P.O. Box 566
(Address)
Lynden, WA 98264
(City/State and Zip code)

For further information concerning this matter, please call:

Shannon Wetzsteon at (888) 543-5432
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Brooks Insurance Agency, Inc.

(Name of Corporation)

F06000002302

(Document Number of Corporation (if known))

Ohio

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

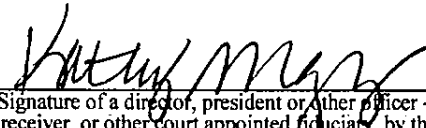
1120 Madison Ave

(Mailing Address)

Toledo, Ohio 43604

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10-17-2016

(Date)

Kathy Mikolajczak

(Typed or printed name of person signing)

Chief Operating Officer

(Title of person signing)

FILING FEE \$35

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 31 10 47:00 AM '16