

F07000004604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

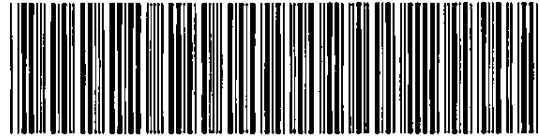
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
TALLAHASSEE OFFICE

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NOV 17 2017  
T. L. PERALTA

WP

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 917341 7637107

AUTHORIZATION :



COST LIMIT : \$ 35.00

-----  
ORDER DATE : November 15, 2017

ORDER TIME : 10:13 AM

ORDER NO. : 917341-005

CUSTOMER NO: 7637107  
-----

FOREIGN FILINGS

NAME: FIRST INSURANCE NETWORK, INC.

XX CORPORATE  
LIMITED PARTNERSHIP  
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** First Insurance Network, Inc. A Georgia Corporation  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F07000004604  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

James Ortega  
\_\_\_\_\_  
(Name of Person)

Confie Seguros Holding II Co.  
\_\_\_\_\_  
(Firm/Company)

7711 Center Avenue, Suite 200  
\_\_\_\_\_  
(Address)

Huntington Beach, CA 92647  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

James Ortega at ( 714 ) 252-2572  
\_\_\_\_\_  
(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**

FIRST INSURANCE NETWORK, INC. A GEORGIA CORPORATION

\_\_\_\_\_  
(Name of Corporation)

f07000004604

\_\_\_\_\_  
(Document Number of Corporation (if known))

Georgia

\_\_\_\_\_  
(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:

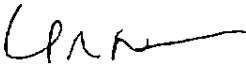
7711 Center Avenue, Suite 200

\_\_\_\_\_  
(Mailing Address)

Huntington Beach, CA 92647

\_\_\_\_\_  
(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)

Carol R. Newman

\_\_\_\_\_  
(Typed or printed name of person signing)

November 15, 2017

\_\_\_\_\_  
(Date)

General Counsel & Corporate Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

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