

3/21/2014 15:07:01 From: To: 8506176383

Division of Corporations

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MO8000005373

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

**LLC DISSOLUTION OR WITHDRAWAL
VERICREST INSURANCE SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3/21/2014 15:27:01 From: To: 8506176383

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March 21, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

VERICREST INSURANCE SERVICES, LLC
2711 N. HASKELL AVENUE, SUITE 1700
DALLAS, TX 75204US

SUBJECT: VERICREST INSURANCE SERVICES, LLC
REF: M08000005373

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Cline
Regulatory Specialist II

FAX Aud. #: H14000067473
Letter Number: 814A00006110

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vericrest Insurance Services, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa E. DeSimone

(Name of Person)

Hudson Advisors, L.L.C.

(Firm/Company)

2711 N. Haskell Avenue, Suite 1800

(Address)

Dallas, TX 75204

(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa E. DeSimone at **972 388-2669**
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Vericrest Insurance Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

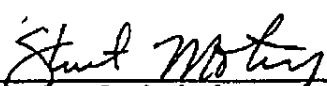
12/11/2008

(Date registered with Florida Department of State)

M08000005373

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

Stewart L. Motley

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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