

F10000000353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

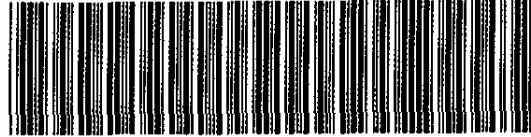
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FFW
1/23/14

BUTLER REGULATORY CONSULTANTS, INC.

January 15, 2014

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

UPS

**RE: ALPEL INSURANCE AGENCY, INC.
DOCUMENT NO. F10000000353**

Gentlemen:

Please be advised that we assist Alpel Insurance Agency, Inc., with their regulatory requirements.

We are enclosing the following documents pertaining to the withdraw of authority for the referenced corporation:

1. Cover Letter.
2. Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida.
3. Check No. 28629 in the amount of \$35.00 representing the filing fee.

Please contact the undersigned with any questions.

Sincerely,



JM: ms
Enclosures

Jessica Mayorga
Administrative Assistant



COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: F10000000353

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

Please return all correspondence concerning this
matter to the following:

Doris Butler
(Name of Person)

Butler Regulatory Consultants, Inc.
(Firm/Company)

P.O. Box 2327
(Address)

La Habra, CA 90632
(City/State and Zip code)

For further information concerning this matter, please call:

Doris Butler at (562) 697-2035
(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**

Alpel Insurance Agency, Inc.

(Name of Corporation)

F10000000353

(Document Number of Corporation (if known))

California

(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:

33302 Valle Rd., Suite 200

(Mailing Address)

San Juan Capistrano, CA 92672

(City/ State /Zip)

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

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

1-13-2014

(Date)

Anthony J. Alessandra

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35