Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000171182 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL MORGAN STANLEY SMITH BARNEY INSURANCE SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

| COVER LETTER | | | |
|--------------------------------|------------------------------|---------------------------|---|
| TO: Registration Division of C | | | |
| SURJECT: MORG | AN STANLEY SMITH BA | RNEY INSURANCE S | SERVICES LLC |
| | | reign Limited Liability C | |
| | | | |
| Dear Sir or Madam: | | | |
| The enclosed withdra | wal and fee(s) are submitte | d for filing. | |
| Please return all corre | spondence concerning this | matter to the following: | : |
| | | | |
| | | | |
| | (Name of Person) | -, | |
| | | | |
| | | | |
| | (Firm/Company) | | • |
| | | | |
| | | | |
| | (Address) | | |
| | | | |
| | (City/State and Zip Coo | te) | • |
| | (1.2) | • | |
| For further information | on concerning this matter, p | lease cali: | |
| | | | |
| | me of Person) | at (at |) Daytime Telephone Number) |
| ()10 | me of t cisony | (vara Cope Br | Daytitte Terephone (Tollinet) |
| STREETIC | OURIER ADDRESS: | MAIL | ING ADDRESS: |
| Registration | | Registration Section | |
| Clifton Build | Corporations | | on of Corporations |
| 2661 Frans | ive Center Cirole | | ox 6327 assee, Florida 32314 |
| | Florida 32301 | f than | nssee, Florida 32314 |
| Enclosed is a check i | for the following amount: | | |
| S25 Filing Fee | □ \$30 Filing Fee & | ☐ \$55 Filing Fee & | □ \$60 Filing Pec, |
| | Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |

7/14/2015 10:29:49 AM From: To: 8506176383(3/3)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| KORGAN STANLEY SMITH BARNEY INSURANCE SERVICES LLC |
|---|
| (Name of limited liability company) |
| Dolaware |
| (Jurisdiction of its organization) |
| 03/05/2010 |
| (Date registered with Florida Department of State) |
| A10000001DSO |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| Ca |
| (Signature of authorized representative) |
| Aeron Guth |
| (Typed or printed name of signee) |

Filing Fee: \$25.00

15 JUL 14 AM 7: 18
SECRETARY OF STATE
NATIONAL AMASSEE, FLORID