

F 16 00000 1928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

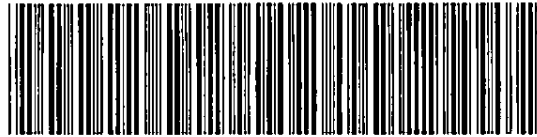
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 OCT 11 AM 11:07

2017 OCT 11 AM 9:59

C. GOLDEN
OCT 12 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 855667 7637107

AUTHORIZATION



COST LIMIT : \$ 35.00

ORDER DATE : October 10, 2017

ORDER TIME : 8:58 AM

ORDER NO. : 855667-005

CUSTOMER NO: 7637107

FOREIGN FILINGS

NAME: PERSONABLE CLAIMS SERVICES,
INC.

XXX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Personable Claims Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F16000001928

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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee.
Certificate of Status Certified Copy Certificate of Status & Certified
(Additional copy is Enclosed) 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

FILED
2017 OCT 11 AM 9:59
J.D. BELL

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

Personable Claims Services, Inc.

(Name of Corporation)

F16000001928

(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:

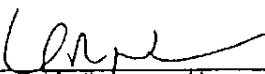
7711 Center Avenue, Suite 200

(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)

October 9, 2017

(Date)

General Counsel & Corp. Secretary

(Title of person signing)

FILING FEE \$35