(Requestor's Name)
(Address)
(Address)
(*1881888)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.1.2.2.2.3)
(Document Number)
Certified Copies Certificates of Status
[
Special Instructions to Filing Officer:

Office Use Only



300401640373

Withdrawal

ALLAHASSEE, FLUI

RECFIVED 2023 FEB 13 AM II: 28

2023 FEB 13 PM 1: 02

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500	
ACCOUNT NO. : I20	000000195
REFERENCE : 478	7206337
AUTHORIZATION :	puble san
COST LIMIT : \$ 3	5.00
ORDER DATE : February 10, 2023	
ORDER TIME : 8:25 AM	
ORDER NO. : 478434-015	
CUSTOMER NO: 7206337	
	·
FOREIGN FILINGS	
NAME: NATIONWIDE MUTUAL FI INSURANCE COMPANY	RE
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	

EXAMINER: _

CONTACT PERSON: Alexxis Weiland - EXT#

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

Nationwide Mutual Fire Insur-	ance Company
(Name of Corporation	on)
810578	2023 F
(Document Number of Corporat	on (if known)
	/1955
(Incorporated Under Laws of and date authorized to train	02
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting to the conducting	g affairs within the State of Florida and hereby ct affairs in Florida.
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proceed time it was authorized to transact business or conduct affairs in	ess based on a cause of action arigina during the
The following is a current mailing address for the corporation:	
One West Nationwid	e Blvd.
(Mailing Address)	
Columbus, Ohio 43	215
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fine of Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	uture of any change in its mailing address. $\frac{0.2/10/2023}{(Date)}$
Mark E. Hartman (Typed or printed name of person signing)	Assistant Secretary (Title of person signing)
FILING FEE \$35	