

817193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE
DIVISION OF SUPPORT SERVICES
2014 SEP 30 PM 1:50
TO ATTORNEY GENERAL
SUFFICIENCY OF FILING

2014 SEP 30 AM 10:06

Withdrawal
10.1.14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 275680 4712600

AUTHORIZATION :

COST LIMIT : \$35.00

[Handwritten signature]

ORDER DATE : August 28, 2014

ORDER TIME : 12:03 PM

ORDER NO. : 275680-150

CUSTOMER NO: 4712600

FOREIGN FILINGS

NAME: AMERICAN INTERNATIONAL LIFE
ASSURANCE COMPANY OF NEW YORK

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

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN INTERNATIONAL LIFE ASSURANCE COMPANY OF NEW YORK
(Name of Corporation)

DOCUMENT NUMBER: 817193

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

Please return all correspondence concerning this
matter to the following:

(Name of Person)
Corporation Service Company
(Firm/Company)
1201 Hays Street
(Address)
Tallahassee, FL 32301
(City/State and Zip code)

For further information concerning this matter, please call:

Rosemary Foster at (713) 342-1562
(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**

AMERICAN INTERNATIONAL LIFE ASSURANCE COMPANY OF NEW YORK

(Name of Corporation)

817193

(Document Number of Corporation (if known))

New York

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and here 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:

2919 ALLEN PARKWAY

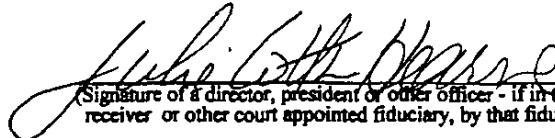
(Mailing Address)

HOUSTON TX 77019

(City/ State /Zip)

14 SEP 30 AM 10:05

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)

Julie Cotton Heame

(Typed or printed name of person signing)

9/30/14

(Date)

VP & Secretary

(Title of person signing)

FILING FEE \$35