## 827050

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



800289725138

09/07/16--01012--022 \*\*35.00

with
57
13/16

16 SEP -6 PH 5: 49
SECRETARY OF STATE
ALL AHASSEE FLORINA

## **COVER LETTER**

	ndment Section sion of Corporations		
SUBJECT:	Compass Insurance	ce Compan	у
SOBJECT.		Name of Corporati	· · · · · · · · · · · · · · · · · · ·
DOCUMEN	T NUMBER: 827050		
The enclosed	d withdrawal application and fe	e are submitted for	filing.
Please return matter to the	all correspondence concerning to following:	his	
G	ary Sussman		
		(Name of Person)	
Compass Insurance Company			
		(Firm/Company)	
92	277 Centre Pointe D	Orive, Suite	140
		(Address)	
W	est Chester, OH 45	5069	
	(Cit	y/State and Zip coo	de)
For further in	nformation concerning this matte	r, please call:	
Gary S	ussman	<sub>at (</sub> 513	4255920
Enclosed is a	(Name of Person) a check for the amount:		ode & Daytime Telephone Number)
<b>√</b> \$35 Filin	g Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
	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

Compass Insurance Compa	any
(Name of Corpor	ration)
827050	
(Document Number of Corpo	oration (if known)
New York	
(Incorporated Under	Laws of)
This corporation is no longer transacting business or conduction voluntarily surrenders its authority to transact business or co	-
This corporation revokes the authority of its registered ag appoints the Department of State as its agent for service of the time it was authorized to transact business or conduct after	process based on a cause of action arising during
The following is a current mailing address for the corporation	n:
9277 Centre Pointe Drive,	Suite 140
(Mailing Addr	The U.S
West Chester, OH 45069	FILE HASSEE, J
(City/ State /Z	ip) C. FLOR STA
The corporation agrees to notify the Department of State in t	he future of any change in its mailing address.
(Signature of a director president or office) if in the hands of a receiver or other coon appointed fiduciary, by that fiduciary)	9/1/2016 (Date)
Gary Sussman	Treasurer
(Typed or printed name of person signing)	(Title of person signing)