

857805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

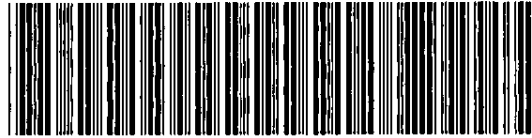
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/16/11--01020--014 **35.00

Withdrawal

DEPARTMENT OF REVENUE
DIVISION OF ADMINISTRATIVE SERVICES
TALLAHASSEE, FLORIDA

11 NOV 16 AM 11:58

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV 16 PM 2:09

FILED

DR

11/16/11

November 16, 2011

C T Corporation System
1203 Governors Square Blvd.
Suite 101
Tallahassee FL 32301-2960

Re: Order #: 70320317 WO
Customer Reference 1: 201119589
Customer Reference 2: None Given

Dear Tallahassee Fulfillment Team 1:

Please file the attached:

Cal Fed Insurance Agency, Inc. (CA)
Withdrawal
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Hannah Jimenez
Fulfillment Specialist - Contractor
hannah.jimenez@wolterskluwer.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cal Fed Insurance Agency, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 857805

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAILING ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

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

2011 NOV 16 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cal Fed Insurance Agency, Inc. _____
(Name of Corporation)

857805 _____
(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.

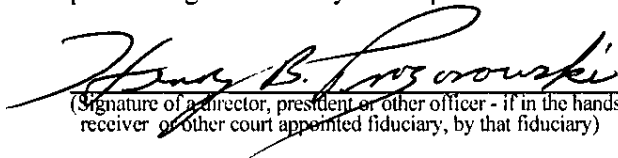
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

1000 Technology Drive, MS 140 _____
(Mailing Address)

O'Fallon, MO 63368 _____
(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)

11/07/2011 _____
(Date)

Henry B. Prozorowski _____
(Typed or printed name of person signing)

Vice President _____
(Title of person signing)

FILING FEE \$35