F0000001076

(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		_

Office Use Only



600336551706

L' LEIMEUX

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

ACCOUNT NO. : I2000000195

REFERENCE : 025262 8054806

AUTHORIZATION :

COST LIMIT : \$ 65 00

ORDER DATE: October 25, 2019

ORDER TIME : 3:53 PM

ORDER NO. : 025262-010

CUSTOMER NO: 8054806

FOREIGN FILINGS

NAME: FARA ADJUSTING SERVICES, INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX 1 PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER:

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

Fara Adjusting Services, Inc.

(Name of Corporation	n)	
F0000001076		
(Document Number of Corporation	on (if known)	
Louisiana		
(Incorporated Under Law	rs of)	
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	g affairs within the State of Florida and here ct affairs in Florida.	
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of proof the time it was authorized to transact business or conduct affairs	cess based on a cause of action arising during	
The following is a current mailing address for the corporation:		
Attn: Susan Rife/Legal Dept, 8125 Sedgwick Way	3 8 7	
(Mailing Address)		
Memphis, TN 38125		
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the fi	uture of any change in its mailing address.	
Im charl Ky	11/1/2019	
(Signature of a director, president or other officer - it in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Michael Krawitz	EVP & Secretary	
(Typed or printed name of person signing)	(Title of person signing)	