

F0000000004279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600263657536

09/08/14--01006--010 **35.00

SEP 11 2014
TALLAHASSEE, FL 32309

14 SEP - 8 AM 10:41

FILED

SEP 12 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Menno Insurance Service, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F00000004279

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

Please return all correspondence concerning this
matter to the following:

Linda Brock

(Name of Person)

Everence

(Firm/Company)

PO Box 483

(Address)

Goshen, IN 46527

(City/State and Zip code)

For further information concerning this matter, please call:

Linda Brock at (574) 533-9515, ext. 3518

(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



Everence Financial

1110 North Main Street
Post Office Box 483
Goshen, IN 46527
www.everence.com

Toll-free: (800) 348-7468
T: (574) 533-9511

September 2, 2014

Florida Secretary of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Menno Insurance Service, Inc.
Voluntary License Withdrawal

To Whom It May Concern:

This letter is to inform the Department that Menno Insurance Service, Inc. is voluntarily withdrawing its Certificate of Authority license (#F00000004279) and will cease to do business under this license in the State of Florida effective immediately.

Attached is the current license and Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida. If you have any questions, please call Linda Brock at (800) 348-7468, ext. 3518.

Sincerely,

Jaime Alvarez
Secretary/Director

Enclosures

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

Menno Insurance Service, Inc.

(Name of Corporation)

F00000004279

(Document Number of Corporation (if known))

Indiana

(Incorporated Under Laws of)

FILED
14 SEP -8 AM 10:41
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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:

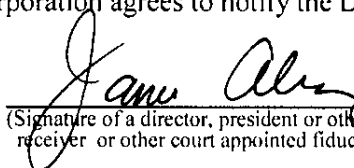
PO Box 483

(Mailing Address)

Goshen, IN 46527

(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)

Jaime Alvarez

(Typed or printed name of person signing)

8/29/2014

(Date)

Secretary

(Title of person signing)

FILING FEE \$35