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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ORBA Insurance Services (Name of Corporation	n)
DOCUMENT NUMBER: Faxoxxxx 5655	
The enclosed withdrawal application and fee are submitted for f	iling.
Please return all correspondence concerning this matter to the following:	
Susan Curry (Name of Person)	
(Name of Person)	
ORBA IMMINANCE Services, Inc. (Firm/Company)	
(Firm/Company)	
2355 Gold Meadowley, St (Address)	e #3/35
(Address)	
Gold River, CA 95670	
(City/State and Zip code	:)
For further information concerning this matter, please call:	
Sugan Curry at (9/6), (Name of Person) (Area Content of the amount:	de & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

ORBA Insurance Services, Inc. (Name of Corporation)	
(Name of Corporation)	
(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 her voluntarily surrenders its authority to transact business or conduct affairs in Florida.	eby
This corporation revokes the authority of its registered agent in Florida to accept service on its betail appoints the Department of State as its agent for service of process based on a cause of action arising dur the time it was authorized to transact business or conduct affairs in Florida.	ring
The following is a current mailing address for the corporation:	[T
The following is a current mailing address for the corporation: 2355 Gold Meadow Way, Sw te 135 (Mailing Address)	
Gold River, CA 9,5870 (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) (Date)	-
Sugar L. Curry (Typed or printed name of person signing) (Title of person signing)	-

FILING FEE \$35