F00000006591

(Re	questor's Name)	· <u> </u>
DA)	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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300419282653 02102/24 01005 001 Withdrawal

> 2024 KAR 1 I PH 3: 32 SECRETARY OF STATE TALL MHASSEE, FLORIDA

A. RAMSEY MAR 12 2024



CSC - Tallahassee 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 03/11/24 Order #: 1446566-1

Re: SunTrust Insurance Services, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal Application for Certificate of Authority

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:

12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	SunTrust Insurance Services, Inc.	
		(Name of Corporation)
DOC	UMENT NUMBER: F00000006591	
The e	nclosed withdrawal application and	fee are submitted for filing.
Pleasc	e return all correspondence concernin	g this matter to the following:
	HASANA STANBERRY	
		(Name of Person)
	SUNTRUST INSURANCE SERVICES	i, INC.
		(Firm/Company)
	214 N. TRYON STREET - 44TH FL.	
		(Address)
	ATLANTA, GA 28202	
	(1	City/State and Zip code)
For fu	rther information concerning this ma	atter, please call:
HASANA STANBERRY		at (704 954-2614
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the amount:	
□ \$3:	5 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

SUNTRUST INSURANCE SERVICES, INC.	_
(Name of Corporat	ion)
F(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(Document Number of Corpora	ation (if known)
GEORGIA	
(Incorporated Under Laws of and date authorized to tr	ansact business/conduct its affairs)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders.	
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of pro time it was authorized to transact business or conduct affairs in	cess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
214 N. TRYON STREET - 44TH FLOOR	
(Mailing Address	3)
CHARLOTTE. NC 28202	
(City/ State /Zip)
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.
Harry Stankary	03/10/2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
HASANA STANBERRY	ASSISTANT VICE PRESIDENT/TFC-TB
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35 CSC WD-4371