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To:

Division of Corporations

Fax Number : (350) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)202-0845

## DISSOLUTION OR WITHDRAWAL LEXISNEXIS RISK SOLUTIONS GAINC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: LexisNexis Risk Solutions GA Inc	:.	
	(Name of Corporation	on)
DOCUMENT NUMBER: F00000006918		
The enclosed withdrawal application and	fee are submitted for	filing.
Please return all correspondence concerning matter to the following:	g this	
	(Name of Person)	
	(Firm/Company)	
	(Address)	
(0	City/State and Zip code	)
For further information concerning this mat	ter, please call:	
	at ()	
(Name of Person) Enclosed is a check for the amount:	(Area Coo	le & Daytime Telephone Number)
\$35 Filing Fee \$\Bigsim \$43.75 Filing Fee & Certificate of Status	□\$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 Tallahassec, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

LexisNexis Risk Solutions GA Inc.	
(Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
F00000006918	
(Document Number of Corporation (if known)	
Georgia	
(Incorporated Under Laws of)	<del></del>
This corporation is no longer transacting business or conducting affairs within the voluntarily surrenders its authority to transact business or conduct affairs in Florida. This corporation revokes the authority of its registered agent in Florida to accompoints the Department of State as its agent for service of process based on a content that it was authorized to transact business or conduct affairs in Florida.	da.
The following is a current mailing address for the corporation:	2018 JAN
230 Park Ave, Seventh Floor	> 2
(Mailing Address)	
New York, NY 10169 (City/ State /Zip)	
	37
The corporation agrees to notify the Department of State in the future of any change	ge in its mailing address.
(Signature of Affector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	3//2017 (Date)
Rence Simonton Vice President (Typed or printed name of person signing) (Ti	tte of person signing)

**FILING FEE \$35**