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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Alan Gray Insurance Services, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** <u>F010</u>00001255

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shirley Laurent, compliance paralegal

(Name of Person)

Alan Gray, Inc.

Massachusetts

(Firm/Company)

88 Broad Street, 4th Floor

(Address)

Boston, MA 02110

(City/State and Zip code)

For further information concerning this matter, please call:

Shirley Laurent, compliance paralegal at ( 617 ) 426-6255

(Name of Person)

(Area Code & Daytime Telephone Number)

#### **MAILING ADDRESS:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



May 6, 2010

Florida Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE: Alan Gray Insurance Services, Inc

Lecurent

Alan Gray Investigative Services, Inc.

Alan Gray Claims Processing Services, Inc. Application for Withdrawal of Authority

Dear Sir or Madam:

Enclosed please find the Application for Withdrawal of Authority and \$105 filing fee (\$35 each) for the above referenced companies.

If you require any additional information, please do not hesitate to contact me at 617-426-6255.

Sincerely,

Shirley Laurent

Compliance Paralegal

Enclosures

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

Alan Gray Insurance Services, Inc.	Profile 1		
(Name of Corporation)	The state of the s		
F01000001255	SKE OF OF		
(Document Number of Corporation (in	known)		
Massachusetts	A		
(Incorporated Under Laws of	)		
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct affi			
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process b time it was authorized to transact business or conduct affairs in Florida	ased on a cause of action arising during the		
The following is a current mailing address for the corporation:			
88 Broad Street			
(Mailing Address)			
Boston, MA 02110			
(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)		
Michael F. Ceppi (Typed or printed name of person signing)	President		
(Typed of printed hame of person signing)	(Title of person signing)		

**FILING FEE \$35**