

- (Requestor's Name)					
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Consideration to Elling Officer					
Special Instructions to Filing Officer:					

Office Use Only



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R. WHITE



910 Foulk Road, Suite 201, Wilmington DE 19803 Phone: 302-652-4800 ◆ Fax: 302-652-6760 www.corpco.com ◆ info@corpco.com

May 10, 2018

VIA FEDEX

Florida Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: <u>C & R Insurance Services, Inc. – Foreign Corporation Withdrawal (FILE WITHDRAWL FIRST AND LLC REGISTRATION SECOND)</u>

Dear Sir or Madam:

Please find enclosed the following for the above referenced entity:

- Application by Foreign Corporation for Withdrawal of Authority to Transact Business in Florida
- Check in the amount of \$160.00 (\$35.00 of which is to cover the filing fees for the withdrawal and the remaining \$125.00 is for the LLC registration)

Please file the Application for Withdrawal of Authority at your earliest convenience and return any evidence of filing to our office via regular mail.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a good day

Sincerely,

Amanda Yeaton

Enclosures

COVER LETTER

TO:	Amendment Section Division of Corporations						
CHRI	ECT: C & R Insurance	Services, In	C.				
		(Name of Corpora					
DOC	UMENT NUMBER: F010000	05258					
The e	nclosed withdrawal application and	fee are submitted fo	r filing.				
	e return all correspondence concerning r to the following:	this					
	Amanda Yeaton						
		(Name of Person)					
	c/o CorpCo						
(Firm/Company) 910 Foulk Road, Suite 201 (Address)							
					Wilmington, DE 198	303	
					(C	ity/State and Zip co	de)
For fi	orther information concerning this matt	er, please call:					
Am	anda Yeaton	at (302	₎ 652-4800				
Enclo	(Name of Person) sed is a check for the amount:		Code & Daytime Telephone Number)				
√ \$3	5 Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified				
	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				

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

C & R INSURANCE SERVICES, INC.
(Name of Corporation)
F01000005258
(Document Number of Corporation (if known)
PENNSYLVANIA
(Incorporated Under Laws of)

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:

987 OLD EAGLE SCHOOL ROAD, SUITE 715

(Mailing Address)

WAYNE, PA 19087

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signaryte of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

DENISE PORTER

(Typed or printed name of person signing)

VICE-PRESIDENT

(Title of person signing)