

FD2000003811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

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(Business Entity Name)

(Document Number)

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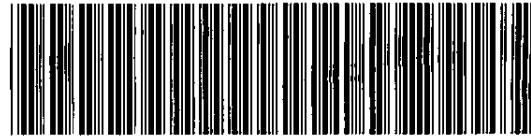


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2010 DEC 27 A 9 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

withdr
Tlewis
1-3-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ICBA Insurance Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: FO2000603811

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Allen
(Name of Person)

ICBA Insurance Services, Inc.
(Firm/Company)

518 Lincoln Rd
(Address)

Sauk Centre, MN 56378
(City/State and Zip code)

For further information concerning this matter, please call:

Amy Allen at (320) 352-7354
(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



December 15, 2010

Regarding: Company Registration Withdrawal

Entity: ICBA Insurance Services, Inc.

Dear Sir/Ma'am,

We ceased transacting business for the above named entity on July 15, 2010. Accordingly we are submitting a withdrawal of our business registration for this entity for your state. Please see the enclosed form(s) required by your state. Please advise if there is any further action we need to take to process our withdrawal.

Thank you,

A handwritten signature in black ink, appearing to read "Amy S. Allen".

Amy S. Allen
Accounting Manager
ICBA Insurance Services, Inc.
320-352-7354
Amy.allen@ICBA.org

518 Lincoln Rd
P.O. Box 267
Sauk Centre, MN 56378

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

ICBA Insurance Services, Inc.
(Name of Corporation)

F 02000003811
(Document Number of Corporation (if known))

Alabama
(Incorporated Under Laws of)

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TALLAHASSEE, FLORIDA

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:

518 Lincoln Road (P.O. Box 267)
(Mailing Address)

Sauk Centre, MN 56378
(City/ State /Zip)

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

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

12-14-10
(Date)

Patricia Hopkins
(Typed or printed name of person signing)

Sec. Executive V.P. & CFO
(Title of person signing)

FILING FEE \$35