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	(Requestor's Name)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
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AIDECTATE OF THE STATE OF

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 411768 8347604 AUTHORIZATION TO THE COMME COST LIMIT : \$ 35.00 ORDER DATE: April 10, 2024 ORDER TIME : 1:04 PM ORDER NO. : 411768-010 CUSTOMER NO: 8347604 FOREIGN FILINGS NAME: PRIME RATE PREMIUM FINANCE CORPORATION, INC. XX____CORPORATE _____ LIMITED PARTNERSHIP ____ LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Amanda Miller - EXT#

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

PRIME RATE PREMIUM FINANCE CORPORATION, INC.

(Name of Corpora	ation)
F02000005447	26
(Document Number of Corpor	ration (if known)
SOUTH CAROLINA	
(Incorporated Under Laws of and date authorized to t	transact business/conduct its affairs)
This corporation is no longer transacting business or conduct oluntarily surrenders its authority to transact business or con	ting affairs within the State of Florida and hereb
This corporation revokes the authority of its registered age ppoints the Department of State as its agent for service of proince it was authorized to transact business or conduct affairs it	ocess based on a cause of action arising during the
he following is a current mailing address for the corporation	1:
214 N TRYON STREET NE - 44TH FLOOR	
(Mailing Addres	ss)
CHARLOTTE, NC 28202	
(City/ State /Zi	p)
Nasana Stanberry	03/14/24
The corporation agrees to notify the Department of State in the State in the Signature of a director, president or other official in the hands of a feetiver or other court appointed fiduciary by that fiduciary)	
The corporation agrees to notify the Department of State in the State	03/14/24

FILING FEE \$35