Division of Corporations DOOD 55 Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000530313)))



H140000530313ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

MECLENVE 4 MAR - L PH I:

DISSOLUTION OR WITHDRAWAL AMWINS PROGRAM UNDERWRITERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

C. LEWIS

MAR - 5 2014

EXAMINER

AmWINS Program Underwriters, Inc.

(2/2)

14 MAR -4 AM 10: 51

SECRETARY OF STATE TALL AMASSET, FLORIDA

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

(Name of Corporation)

F0200005511	
(Document Number of Corporation	(If known)
Pennsylvania	<u> </u>
(Incorporated Under Laws	of)
This corporation is no tonger transacting business or conducting columnarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising durin
The following is a current mailing address for the corporation:	
4725 Piedmont Row Dr. Suite 600	
(Mailing Address)	
Charlotte, NC 28210	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut	02/26/2014
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(rate)
Scott M. Purviance	Vice President
(Typed or printed name of person signing)	(l'ille of person signing)
FILING PER \$35	