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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2011

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JACKIE FINK / LIONHEART INSURANCE GROUP ASSET PROTECTION PROGRAM RISK RETENTION 177 MEETING STREET, SUITE 470 CHArleston, SC 29401

SUBJECT: ASSET PROTECTION PROGRAM RISK RETENTION GROUP, INC. Ref. Number: F06000001335

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

A foreign corporation authorized to transact business or conduct its affairs in Florida may withdraw its authority by completing the enclosed withdrawal application and submitting the appropriate fee.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 711A00026424

X



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



November 15, 2011

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Asset Protection Program Risk Retention Group, Inc. NAIC# 12224 FL ID# F06000001335

Dear Sir/Madam:

Please be advised the South Carolina Department of Insurance recently approved a request for the above referenced risk retention group to stop writing business and run-off the existing business. There have been no policies written in Florida since 2010 and there are no "inforce" policies.

In view of the above, we do not wish to renew our registration, and respectfully ask to withdraw our authority effective immediately.

Please let me know if you require further details.

Ξ.

f Asset Protection Program Risk Retention Group, Inc.)

CHARLESTON 177 Meeting Street Suite 470 Charleston, SC 29401 P: 843.853.0446 F: 843.853.0499 SCOTTSDALE 14362 N Frank Lloyd Wright Blvd. Suite 1000 Scottsdale, AZ 85260 P: 602.635.6451 F: 480.889.8961 WASHINGTON DC 601 Pennsylvania Avenue NW Suite 900, South Building Washington, DC 20004 P: 843.853.0446 F: 843.853.0499



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	COVER LETTER
TO:	Amendment Section Division of Corporations
SUBJ	ECT: Asset Protection Program Risk Retention Group, Inc.,
DOC	UMENT NUMBER:F 0600 0000 1335

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACKie Fint
(Name of Person)
Lionheart Insurance Management ILC
(Firm/Company)
177 Meeting St. Suite 470 (Address)
(Address)
Chapleston, SC 29401
(City/State and Zip code)

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number) at (843 Arkie. (Name of Person)

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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF **AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA** Patertion odram í sk (Document Number of Corporation (if known)

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.

ncorporated Under Laws

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:

77 Meeting St., Suite (Mailing Address) harleston, SC 294 FILED £ ယ္ရွ

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)

ed or printed name of person

itle of person signing)

FILING FEE \$35