

F06000003466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

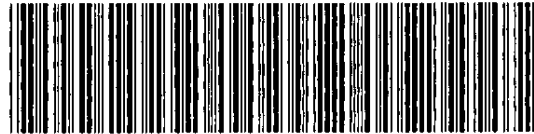
(Business Entity Name)

(Document Number)

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10 AUG 11 PM 4:10

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10 AUG 11 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

withdr.  
C.COULLIETTE

AUG 12 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 472694 167868A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : August 9, 2010

ORDER TIME : 2:22 PM

ORDER NO. : 472694-010

CUSTOMER NO: 167868A

FOREIGN FILINGS

\*\*FILE FIRST\*\*

NAME: WELLS FARGO WEALTH INSURANCE  
AGENCY, INC.

XX CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: \_\_\_\_\_

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

Wells Fargo Wealth Brokerage Insurance Agency, Inc.

(Name of Corporation)

F06000003466

(Document Number of Corporation (if known))

Virginia

(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:

301 South College Street, Floor 30

(Mailing Address)

Charlotte, NC 28288-D1053-300

(City/ State /Zip)

10 AUG 11 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*Karen Lehman*

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

08/05/2010

(Date)

Karen Lehman

(Typed or printed name of person signing)

Director

(Title of person signing)

**FILING FEE \$35**