

F060000003615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

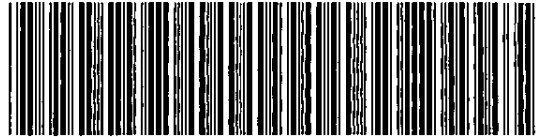
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 14 PM 3:06

T Roberts OCT 20 2008

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Network Inc.

(Name of corporation)

DOCUMENT NUMBER: F06000003615

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

Please return all correspondence concerning this
matter to the following:

Patricia Torres

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N University, #550

(Address)

Little Rock, AR 72207

(City/State and Zip code)

For further information concerning this matter, please call:

Patricia Torres

(Name of Person)

at (501) 664-8044

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

GENA BRADSHAW, FLMI
Chief Executive Officer

W.H.L. WOODYARD IV
Chief Operating/Financial Officer

October 8, 2008

Florida Dept. of State
Division of Corporations
2661 Executive Center Cr. W
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed, please find the necessary documents to withdraw **INSURANCE NETWORK, INC**
no longer doing business in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes.
However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,


Patricia Torres
Corporate Qualification Division

/pt

Enclosures

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

Insurance Network Inc.

(Name of Corporation)

F06000003615

(Document Number of Corporation (if known))

Arkansas

(Incorporated Under Laws of)

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DIVISION OF CORPORATIONS

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:

PO Box 9180

(Mailing Address)

Jonesboro AR 72403

(City/ State /Zip)

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

✓ Michael E. Medlock

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

10-6-2008

(Date)

✓ Michael E. Medlock

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35