S TALLENT



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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : Phone (954) 209 - 0845 Fax Number

-----AUG 2 1 2017

DISSOLUTION OR WITHDRAWAL C.E.S. INSURANCE AGENCY, INC.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: C.E.S. INSURAN	CE AGEN	CY, INC.
	(Name of Corpor	
DOCUMENT NUMBER: F060000	003993	
The enclosed withdrawal application and	fee are submitted t	for filing.
Please return all correspondence concerning matter to the following:	this	
Brian Smith		·
	(Name of Person)
CT Corporation		
	(Firm/Company)
155 Federal Street,	Suite 700	
	(Address)	
Boston, MA 02110		
(C	ity/State and Zip o	ode)
For further information concerning this mat	er, please call:	
Brian Smith	_{at (} 617	₎ 742-8484
(Name of Person) Enclosed is a check for the amount:		Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional cop Enclosed)	Certificate of Status & Certified
MAILING ADDRESS:		STREET ADDRESS:
Amendment Section Division of Corporations		Amendment Section Division of Corporations
P.O. Box 6327		2661 Executive Center Circle
Tallahassee, FL.32314		Tallahassee, FL. 32301

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

C.E.S. INSURANCE AGENCY, INC.

(Name of Corporation)		
F06000003993		
(Document Number of Corporation (if	known)	
Massachusetts		
(Incorporated Under Laws of)	• • •
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct af		cby
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in F	based on a cause of action arising dur	
The following is a current mailing address for the corporation:	7 A	
29 SAWYER ROAD	86.190	FI
WALTHAM, MA 02453	8 AM 9: S	ILED
(City/ State /Zip)	100 to 10	
The corporation agrees to notify the Department of State in the futur	e 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)	8/9/17 (Date)	
Joseph Deitch	President	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35