## <u>bl</u> 000004-

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

2.101.C. 030 330 1300				
ACCOUNT NO. : I2000000195				
REFERENCE : 829830 7238364				
AUTHORIZATION: THE MENT OF THE PARTY OF THE				
COST LIMIT : /\$ 35.00				
ORDER DATE : September 21, 2017				
ORDER TIME : 1:26 PM				
ORDER NO. : 829830-025				
CUSTOMER NO: 7238364				
FOREIGN FILINGS				
NAME: FS FINANCIAL SERVICES CORPORATION				
XX CORPORATE LIMITED PARTNERSHIP				
LIMITED LIABILITY COMPANY				
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY CERTIFICATE OF STATUS				

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJECT: FS Insurance Agency, Inc.				
	(Name of Corporation)			
DOC	UMENT NUMBER: F06000004769			
The e	nclosed withdrawal application and fee are submitted for filing.			
	e return all correspondence concerning this r to the following:			
	William I. Covey, Senior Associate General Counsel			
(Name of Person)				
	GROWMARK, Inc.			
(Firm/Company)				
	1701 Towanda Avenue			
	(Address)			
	Bloomington, IL 61701			
	(City/State and Zip code)			
For fu	rther information concerning this matter, please call:			
Willian	n I. Covey 309 557- 6292			
Enclos	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:			
\$35	Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)			
	MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations			

2661 Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314

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

FS Insurance Age	ncy, Inc.		
(Name of Corporation)			
F06000004769			
(Document Number of Corporation (if known)			
Delaware			
(Incorporated Under Laws	of)		
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	affairs within the State of Florida and hereby taffairs in Florida.		
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceeding it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during		
The following is a current mailing address for the corporation:  1701 Towanda Avenue	70CT -		
(Mailing Address)	22 W		
Błoomington, IL 61701	TLORID		
(City/ State /Zip)			
The corporation agrees to notify the Department of State in the fut    Will   Lateral     (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ture of any change in its mailing address. $\frac{9/20/17}{\text{(Date)}}$		
Wade Mittelstadt	Authorized Person		
(Typed or printed name of person signing)	(Title of person signing)		