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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 604104 801783

AUTHORIZATION : Spulle Ran

COST LIMIT : \$ 43.75

ORDER DATE: January 28, 2019

ORDER TIME : 12:03 PM

ORDER NO. : 604104-035

CUSTOMER NO: 8017819

FOREIGN FILINGS

NAME: LEAVITT INSURANCE SERVICES OF

SOUTHERN CALIFORNIA INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY:
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

| TO: | Amendment Section | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|----------------------------------|---|---|---|-----------------------------|
| | • | sthan California Inc | 35° - C | • |
| SUBJ | ECT: | | | |
| | | (Name of Corporation | 1) | E |
| DOC | UMENT NUMBER: | | | |
| The e | nclosed withdrawal application and f | ee are submitted for fi | ling. | |
| | e return all correspondence concerning r to the following: | this | | |
| | Nancy Gonzales | | | Certified v is enclosed) |
| | | (Name of Person) | | |
| | Hub International Insurance Services | Leavitt Insurance Services of Southern California Inc (Name of Corporation) (Name of Person) (Name of Person) (Name of Person) (Address) (City/State and Zip code) (Information concerning this matter, please call: (Sales (Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) | | |
| Suite 300 3390 University Avenue | | | | |
| | Suite 300 3390 University Avenue | | | |
| | | (Address) | | |
| | Riverside CA 92501 | | | |
| | (C | ity/State and Zip code) | | |
| For fu | orther information concerning this matt | er, please call: | | |
| Nancy | / Gonzales | | 7949 | |
| Enclo | (Name of Person) sed is a check for the amount: | (Area Cod | e & Daytime Telephone Number) | |
| \$ 3. | | Certified Copy (Additional copy is | Certificate of Status & Certified | |
| | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle | |

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

| Leavitt Insurance Services of Southern California Inc | | | | | |
|---|---|--|--|--|--|
| (Name of Corporation) |) | | | | |
| | 25 | | | | |
| | 三流 三 | | | | |
| (Document Number of Corporation | i (it known) | | | | |
| California | SE P | | | | |
| (Incorporated Under Laws | (of) | | | | |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conductions. | | | | | |
| This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proche time 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: | | | | | |
| 300 N Lasalle Street, 17th Floor, | | | | | |
| (Mailing Address) | (Mailing Address) | | | | |
| Chicago, IL, 60654 | | | | | |
| (City/ State /Zip) | | | | | |
| The corporation agrees to notify the Department of State in the fu | ture of any change in its mailing address. | | | | |
| Q. Addings | 12/31/2018 | | | | |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) | | | | |
| Julie Hutchinson | Vice President | | | | |
| (Typed or printed name of person signing) | (Title of person signing) | | | | |

FILING FEE \$35