Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000036970 3)))



H160000369703ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL

USI OF SOUTHERN CALIFORNIA INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	. 0
Page Count	02
Estimated Charge	\$35.00

Withdrawal

FEB 15 2016

**I ALBRITTON** 

Electronic Filing Menu

Corporate Filing Menu

Help

KECEIVED 16 FB 12 M 9: 43 USI of Southern California Insurance Services, Inc.

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

(Name of Corporation)

	(Document Number of Corporation (If known)
	(Document Number of Corporation (It known)
	California (Incorporated Under Laws of)
	(marporate onne, garago)
	rporation is no longer transacting business or conducting affairs within the State of Florida and here rily surrenders its authority to transact business or conduct affairs in Florida.
oin	erporation revokes the authority of its registered agent in Florida to accept service on its behalf as the Department of State as its agent for service of process based on a cause of action arising during it was authorized to transact business or conduct affairs in Florida.
fol	lowing is a current mailing address for the corporation:
	200 Summit Lake Drive, Suite 350
	(Mailing Address)
	Valhalla, NY 10595
	Valhalla, NY 10595 (City/ State /Zip)
COI	(City/ State /Zip)  poration agrees to notify the Department of State in the future of any change in its mailing address.
COI	(City/ State /Zip)  poration agrees to notify the Department of State in the future of any change in its mailing address.
COI	(City/ State /Zip)  poration agrees to notify the Department of State in the future of any change in its mailing address.
COI	(City/ State /Zip)  poration agrees to notify the Department of State in the future of any change in its mailing address.