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	CUS	With DRAWA)
	(CORPORATE NAME AND DOCUMENT #)	Associates Insurance Services, Inc
	(CORPORATE NAME AND DOCUMENT #)	
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	(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	
CLA	AL INSTRUCTIONS:	

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: W. Brown & Associates Insurance Services, Inc. (Name of Corporation)		
DOCUMENT NUMBER:		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lindsey Halvorson		
W. Brown & Associates Insurance Services (Firm/Company)		
19000 mac Arthur Blvd. Ste. 700		
(Address)		
Irvine CA 92612		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Undsey Halvovson at (949) 428-1315 (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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

w. Brown & Associates Insurance Services, Inc. (Name of Corporation)
(Name of Corporation)
(Document Number of Corporation (if known)
(Incorporated Under Laws of)
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:
19100 Mar Arthur Blyd ste 700
19000 MacArthur Blvd. ste 700 [S] All Mailing Address)
19000 MacArthur Blvd. ste 700 (Mailing Address) Truine CA 921612 (City/State/Zip) (City/State/Zip)
Truine CA 926/2 FO P II
ORIE ORIE
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Strature of addirector president or other officer - if in the hands of a 04/02/2008
(S) Enature of a director, president or other officer - if in the hands of a preceiver or other court appointed fiduciary, by that fiduciary) (Date)
Town Del Vecchio Sr. Vice Fresident (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35