06151
300420791263

12/28/23--01019--011 \*\*35.00

(Business Entity Name)		
(Docum	ent Number)	
ertified Copies	Certificates of Status	
Special Instructions to Filing	g Officer:	

MAIL

Office Use Only

(City/State/Zip/Phone #)

WAIT

PICK-UP

Certified Copies \_\_\_

₽



FEB 0 1 2024 D CUSHING

2023 DEC 28 PM 12: 26

COVER	LETTER

•

TO: Amendment Section Division of Corporations		
	Protective Risk Retention Group, Inc.	
SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER:	06151	
The enclosed withdrawal application	and fee are submitted for filing.	
Please return all correspondence conc	erning this matter to the following:	
Gemma A. Tuanqui		
<u> </u>	(Name of Person)	
Risk Services, LLC		
	(Firm/Company)	
1605 Main Street, Suite 800		
	(Address)	
Sarasota, FL 34236		
	(City/State and Zip code)	-71
For further information concerning thi	is matter, please call:	er an an Chainm
Gemma A. Tuanqui	941 955-0793	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the amount:		
■ \$35 Filing Fee □ \$43.75 Filing F Certificate of \$1	Fee &	
<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

,

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

Centurion Medical Liability Protective Risk Retention Group, Inc.

(Name of Corporation)

F06000006151

(Document Number of Corporation (if known)

Arizona - Incorporated on April 27, 2004

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

C/O Risk Services, LLC, 1605 Main Street, Suite 800

		C <u>22</u>
	(Mailing Address)	
Sarasota, FL 34236		
	(City/ State /Zip)	
		······································

The corporation agrees to notify the Department of State in the future of any change in its mailing alaress.

Sun Mint	12/18/2023	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Sean Mintz	CEO	

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35