## FORWUSY/

| (Requestor's Name)  (Address)  (Address)  | 400173836504                                  |
|---|---|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                                 | . 04/01/1001027025 **35.00                    |
| (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | 2010 APR -1 AH 8: 44 SECRETARY STREET FLORIDA |

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: NationWeld Risk Rete   | ention Group, Inc.   |  |
|   | (Name of Corporation)  |  |
| DOCUMENT NUMBER: F0700000   | 0544   |  |
| The enclosed withdrawal application and   | fee are submitted for filing.  |  |
| Please return all correspondence concernin matter to the following:                             | g this   |  |
| Katie Gray  |  |  |
| (Name of Person)  |  |  |
| Risk Services   |  |  |
|   | (Firm/Company)   |  |
| 1800 Second Street, Suit  | te 909E  |  |
|   | (Address)  |  |
| Sarasota, FL 34236  |  |  |
| ((  | City/State and Zip code)   |  |
| For further information concerning this matter, please call:                                    |  |  |
| Heather Ross  | <sub>at (</sub> 202 ) 471-5944   |  |
| (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 |  |
| rananassee, i L 32314   | Tallahassee, FL 32301  |  |

## NationWeld Risk Retention Group, Inc.

March 29, 2010

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

Re: NationWeld Risk Retention Group, Inc.

NAIC Company Code: 12579; NAIC Group Code: 0000; FEIN: 20-4966537

Document #: F0700000544

Dear Sir/Madam:

On behalf of the above-named entity, enclosed please find the following:

- 1. Completed transmittal Cover Letter;
- 2. Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida; and,
- 3. Check in the amount of \$35.00 in payment of the requested filing fee.

Thank you. Should you the Division require anything further in connection with this matter, please don't hesitate to contact me by telephone at (941) 955-0793, ext. 340, or by e-mail at <a href="mailto:kgray@riskservcos.com">kgray@riskservcos.com</a>.

Sincerely,

Katil Shay

Katie Gray
Account Manager
Risk Services, LLC
As Managers for
NationWeld Risk Retention Group, Inc.

KG/hr

**Enclosures** 

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

| NationWeld Risk Retention Group, Inc.   |   |  |
|---|---|--|
| (Name of Corporation)   |   |  |
| F0700000544   | if known) HA                                  |  |
| (Document Number of Corporation   | if known)                                     |  |
| District of Columbia  |   |  |
| (Incorporated Under Laws o  | 8: <b>4</b>                                   |  |
| This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a   | •   |  |
| This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor | based on a cause of action arising during the |  |
| The following is a current mailing address for the corporation:   |   |  |
| c/o Risk Services, 1800 Second Street, S  | Suite 909E                                    |  |
| (Mailing Address)   |   |  |
| Sarasota, FL, 34236   |   |  |
| (City/ State /Zip)  |   |  |
| The corporation agrees to notify the Department of State in the futu  |   |  |
| (Signature of a director, president or other officer - if in the hands of a   | 3/29/10 (Date)                                |  |
| receiver or other court appointed fiduciary, by that fiduciary)   | (Date)  |  |
| B. Troy Winch   | Assistant Secretary                           |  |
| (Typed or printed name of person signing)   | (Title of person signing)                     |  |

FILING FEE \$35