

F 0700 0001569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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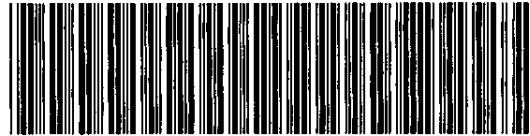
(Business Entity Name)

(Document Number)

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FILED  
12 DEC 26 PM 12:37  
SECTION OF STATE  
TALLAHASSEE, FLORIDA

1/3em 12/26

**Bulwark Insurance Services, Inc.**  
P.O Box 8208  
McLean, VA 22106  
FL Document Number: F07000001569

Dear Sir/Madam:

I, **James V. Johnson**, request to withdraw the corporation, **Bulwark Insurance Services, Inc.**, on the date of **December 31, 2012**.

Thank you for your assistance with this matter.

Date: 12-21-12

  
\_\_\_\_\_  
**James V. Johnson, Director**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bulwark Insurance Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F07000001569

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

James V. Johnson

(Name of Person)

Bulwark Insurance Services, Inc.

(Firm/Company)

P.O Box 8208

(Address)

McLean, VA 22106

(City/State and Zip code)

For further information concerning this matter, please call:

James V. Johnson

(Name of Person)

at ( 800 ) 600-1027

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

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

**Bulwark Insurance Services, Inc.**

(Name of Corporation)

**F07000001569**

(Document Number of Corporation (if known))

**California**

(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:

**P.O Box 8208**

(Mailing Address)

**McLean, VA 22106**

(City/ State /Zip)

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

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**James V. Johnson**

(Typed or printed name of person signing)

**12-21-12**

(Date)

**Director**

(Title of person signing)

**FILING FEE \$35**