F0700000 3229

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SECRETARY OF STATE

APPROVES

Sally.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LC INSURANCE AGENCY, INC.
(Name of Corporation)
DOCUMENT NUMBER: F07000003229
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MADELINE LOVEJOY
(Name of Person)
FIDELITY NATIONAL FINANCIAL, INC.
(Firm/Company)
2510 N. REDHILL AVE.
(Address)
SANTA ANA, CA 92705
(City/State and Zip code)
For further information concerning this matter, please call:
MADELINE LOVEJOY at (949) 622-5050
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

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

LC INSURANCE AGENCY, INC.		
(Name of Corporation)		
F07000003229		
(Document Number of Corporation (if known)		
VIRGINIA		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Florida and he 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 appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	and	
The following is a current mailing address for the corporation:		
c/o MADELINE LOVEJOY - 2510 N. REDHILL AVE.	三等	
(Mailing Address) SANTA ANA, CA 92705 (Mailing Address)	-9 P# 2:	
(City/ State /Zip)	(A)	
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) (Date)	_	
MADELINE LOVEJOY AVP / AS (Typed or printed name of person signing) (Title of person signing)	_	

FILING FEE \$35