F070000003791

(Re	equestor's Name)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
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2009 JUN 26 PM 1: 2.
SECRETARY OF STATE
TALLAHASSEE, FLORIN

with drawa 1

TB 6/39/09

COVER LETTER

10:	Amendment Section Division of Corporations
SUBJ	ECT: Vista Wholesale Insurance Partners, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER:
The en	nclosed withdrawal application and fee are submitted for filing.
	e return all correspondence concerning this to the following:
	Doris Capalbi
	(Name of Person)
	Vista Wholesale Insurance Partners, Inc.
	(Firm/Company)
	555 Pleasantville Road
	(Address)
	Briarcliff Manor, NY 10510
	(City/State and Zip code)
For fu	orther information concerning this matter, please call:
Doris C	at (914) 749-8523
	(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING 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

Vista Wholesale Insurance Partners, Inc.

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	· 70, -
Texas	
(Incorporated Under Laws	
	D'A
This corporation is no longer transacting business or conducting	
oluntarily surrenders its authority to transact business or conduct	t affairs in Florida.
Phis	Florido 404i i4- b-b-16 d
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proces	
ime it was authorized to transact business or conduct affairs in Floring	2 2
The following is a current mailing address for the corporation:	
555 Pleasantville Road	
(Mailing Address)	
Briarcliff Manor, NY 10510	
(City/ State /Zip)	<u></u>
The corporation agrees to notify the Department of State in the ful	ture of any change in its mailing address.
4	
July South	June 1, 2009
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
receive of other court appointed fiduciary, by that fiduciary)	
John Sorrentino	Secretary/Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35