

F07 000003830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

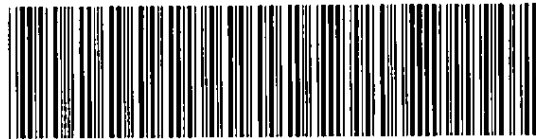
(Document Number)

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2023 FEB - 3 AM 10: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 FEB - 3 PM 3: 52  
TALLAHASSEE, FLORIDA  
RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 431884 7408659  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

-----  
ORDER DATE : February 3, 2023  
ORDER TIME : 1:19 PM  
ORDER NO. : 431884-025  
CUSTOMER NO: 7408659  
-----

FOREIGN FILINGS

NAME: BENEFIT PARTNERS-ALLIANT, INC.

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Benefit Partners-Alliant, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F0700003830  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Sara Real  
\_\_\_\_\_  
(Name of Person)

Alliant Insurance Services, Inc.  
\_\_\_\_\_  
(Firm/Company)

701 B Street, 6th Floor  
\_\_\_\_\_  
(Address)

San Diego, CA 92101  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Sara Real \_\_\_\_\_ at ( 619 ) 849-3820  
(Name of Person) (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  
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**

Benefit Partners-Alliant, Inc.

\_\_\_\_\_  
(Name of Corporation)

F07000003830

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware 07/30/2007

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

SECRETARY OF STATE  
TALLAHASSEE  
2/23 FEB -3 AM 10:05

FILED



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:

701 B Street, 6th Floor

\_\_\_\_\_  
(Mailing Address)

San Diego, CA 92101

\_\_\_\_\_  
(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)

2/2/23

\_\_\_\_\_  
(Date)

Ted Filley

\_\_\_\_\_  
(Typed or printed name of person signing)

SVP, Treasurer and Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**