

F07000003950

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000131033 3)))



H08000131033ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED
2008 MAY 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 MAY 16 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

PROGRESSIVE ALLIANCES INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Withdrawal
05/16/08

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

Progressive Alliances Insurance Agency, Inc.

(Name of Corporation)

F07000003850

(Document Number of Corporation (if known))

Washington

(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:

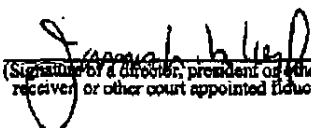
6300 Wilson Mills Road

(Mailing Address)

Mayfield Village, OH 44143

(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 L. Lloyd

(Typed or printed name of person signing)

5/13/2008

(Date)

President

(Title of person signing)

FILING FEE \$35

FILED
08 MAY 16 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA