# F010000004054

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: MEEMIC INSURANCE SERVICES CORPORATION			
(Name of Corporation)			
<b>DOCUMENT NUMBER:</b> F 07000004054			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
PAUL FISCHER			
(Name of Person)			
MEEMIC INSURANCE SERVICES CORPORATION			
(Firm/Company)			
1685 OPYDKE ROAD			
(Address)			
AUBURN HILLS, MI 48326			
(City/State and Zip code)			
For further information concerning this matter, please call:			
PAUL FISCHER at ( 313 ) 336-0715			
(Name of Person) (Area Code & Daytime Telephone Number)			

#### **MAILING ADDRESS:**

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

### **STREET 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

MEEMIC INSURANCE SERVICES COR	PORATION
(Name of Corporation)	
F 0700004054	0
(Document Number of Corporation	(if known)
MICHIGAN	(if known)  OFB PH 1: 07
(Incorporated Under Laws o	of)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a	ffairs within the State of Florida and hereby
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
1685 OPDYKE ROAD	
(Mailing Address)	AM
AUBURN HILLS, MI 48326	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	re of any change in its mailing address.  2 - 3 - 20/0  (Date)
STEVEN D. MONAHAN	PRESIDENT & CEO
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**