	(Requestor's Name)
· · ·	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Desiries a Little) (Verific)
	(Document Number)
	·
: Copies	Certificates of Status
as instructions to	Filipa Officer:
STILLSTUCTIONS TO	rising Officer.
	j
	Office Use Only



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Withdrawal

MAY - 4 2020

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2023 HAY - 3 PH 4: 15

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2023 HAY -3 AM 10: 34 FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 437661 8331191

AUTHORIZATION

COST LIMIT

ORDER DATE: February 6, 2023

ORDER TIME : 2:41 PM

ORDER NO. : 437661-135

CUSTOMER NO: 8331191

FOREIGN FILINGS

DKG INSURANCE & FINANCIAL NAME:

SERVICES, INC.

XX ___ CORPORATE

____ LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

	Division of Corporations	
SUBJE	DKG Insurance & Financial Services,	Inc.
00202		Name of Corporation)
DOCU	MENT NUMBER:	
The enc	closed withdrawal application and fed	c are submitted for filing.
Please r	return all correspondence concerning th	nis matter to the following:
	(Name of Person)
	((Firm/Company)
		(Address)
	(City	//State and Zip code)
For furtl	ther information concerning this matter	, please call:
		at ()(Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	ed is a check for the amount:	
□ \$35 F		☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)
P	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

DKG Insurance & Financial Services, Inc.	10000000000000000000000000000000000000
(Name of Corporation)	ن المراق
F07000004099	
(Document Number of Corporation	(if known)
Texas 08/14/2007	
(Incorporated Under Laws of and date authorized to transa	et business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct. 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 Floring C	affairs in Florida. Florida to accept service on its behalf and s based on a cause of action arising during the
The following is a current mailing address for the corporation:	
c/o Hasana Stanberry, Truist 214 N Tryon St	
(Mailing Address)	
Charlotte, NC 28202-1078	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut (Signature of a director, president or other officer - if in the hands of a receiver-or other court appointed fiduciary, by that fiduciary)	Ture of any change in its mailing address. 4 27 2.3 (Date)
Jennifer Hiester	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35