F07000004604

(Requestor's Name)		
(Address)	. <u>.</u>	
(Address)		
, ,		
(Cit. (Ch.)	Tin (Dhana H)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
/Documer	nt Number)	
(Boodine)	it Hambery	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer		

Office Use Only



400305491214

T HOW IS SHITTED

PILED NOV 16 P 1: 3

1:0V 1 7 2017



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.: 120000000195

REFERENCE: 917341 7637107

AUTHORIZATION :

COST LIMIT : \$ 35\000

ORDER DATE: November 15, 2017

ORDER TIME: 10:13 AM

ORDER NO.: 917341-005

CUSTOMER NO: 7637107

FOREIGN FILINGS

NAME: FIRST INSURANCE NETWORK, 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: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

	Amendment Section Division of Corporations		
SUBJE	First Insurance Network Inc. A	Georgia Corporation	
SOBOL		(Name of Corpor	ration)
DOCU	MENT NUMBER: F07000004604		
The enc	losed withdrawal application and	fee are submitted	for filing.
	etum all correspondence concerning the following:	g this	
	James Ortega		
		(Name of Persor	1)
	Confie Seguros Holding II Co.		
		(Firm/Company)
	7711 Center Avenue, Suite 200		
		(Address)	
	Huntington Beach, CA 92647		
	((City/State and Zip o	code)
For furth	ner information concerning this mat	ter, please call:	
James O	ntega	714 at (252-2572
Enclosed	(Name of Person) I is a check for the amount:	(Area	Code & Daytime Telephone Number)
√ \$35 F	Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional cop Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

FIRST INSURANCE NETWORK, INC. A GEORGIA CORPOR	RATION
(Name of Corporation)	
f0700004604	
(Document Number of Corporation (i	f known)
Georgia	
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct a This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in I	ffairs in Florida. Florida to accept service on its behalf and s based on a cause of action arising during
The following is a current mailing address for the corporation: 7711 Center Avenue, Suite 200	
(Mailing Address)	
Huntington Beach, CA 92647	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	
(Signature of a director president or other officer, if in the hands of a	November 15, 2017 (Date)
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	Water D
Carol R. Newman	General Counsel & Corporate Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35