

FO8000005298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

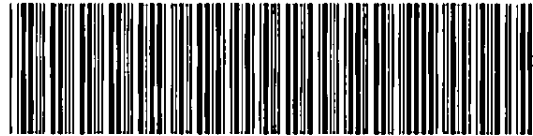
(Document Number)

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2023 JUN 22 PM 3:08

CLERK OF THE STATE
TALLAHASSEE, FL

10

2023 JUN 22 PM 2:21

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

ACCOUNT NO. : I20000000195

REFERENCE : 550270 7899828

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : March 6, 2023

ORDER TIME : 1:40 PM

ORDER NO. : 550270-035

CUSTOMER NO: 7899828

FOREIGN FILINGS

NAME: FASI INSURANCE 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: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FASI Insurance Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
Enclosed) | <input type="checkbox"/> \$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

FAI Insurance Services, Inc.

(Name of Corporation)

F08000005298

(Document Number of Corporation (if known))

California 12/15/2008

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

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:

c/o Legal Dept., 655 W. Broadway, 12th Floor

(Mailing Address)

San Diego, CA 92101

(City/ State /Zip)

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DEPT. OF STATE
TALLAHASSEE, FL

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:

David Van Havermaat

(Signature of a _____ 012079506084485 _____ in the hands of a
receiver or other court appointed fiduciary, by that fiduciary)

4/4/2023

(Date)

David Van Havermaat

(Typed or printed name of person signing)

Asst. Secretary

(Title of person signing)

FILING FEE \$35