

F090000001640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

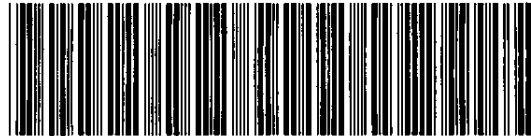
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 27 PM 4:17

RECEIVED  
DEPARTMENT OF REVENUE  
JUN 27 AM 10:57

JUN 28 2017

C McNAIR

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

6/27/17

ACCT. I20160000072

RECEIVED FOR FILING  
JUN 27 PM 4:11  
ERIC D. JEFF

Name:	Apex Insurance Agency Inc
Document #:	
Order #:	10383515

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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1-2 Filing  
(1 of 2)

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Amount: \$ 35

Thank you!

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

Apex Insurance Agency, Inc. (Apex Insurance Services, Inc.)

(Name of Corporation)

F09000001640

(Document Number of Corporation (if known))

Virginia

(Incorporated Under Laws of)

RECEIVED  
DIVISION OF CORPORATE REGISTRATION  
JUN 27 PM 4:13

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:

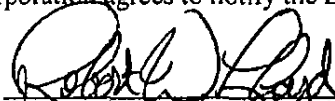
220 S. Ridgewood Ave.

(Mailing Address)

Daytona Beach, FL 32114

(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)

6/20/17

(Date)

Robert W. Lloyd

(Typed or printed name of person signing)

VP

(Title of person signing)

**FILING FEE \$35**