FD90000087

(Requestor's Name)				
(Address)				
(Add	dress)	,		
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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JUL 19 2013 R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: USI Insurance Services of Rhode Island,	Inc.
	ame of Corporation)
DOCUMENT NUMBER: F09000002287	
The enclosed withdrawal application and fee a	are submitted for filing.
Please return all correspondence concerning this matter to the following:	S
Do	us Capalbi
	Jame of Person)
DS	SI
	Firm/Company)
SSS Pleasantville Brianchiff Mai	$\begin{array}{cccc} \text{(Address)} & & & & \\ \text{ON} & & \text{NI} & & & \\ \text{100} & & & & \\ \end{array}$
(City/	State and Zip code)
For further information concerning this matter, One of Person) Enclosed is a check for the amount:	please call: _at (
(S43.75 Filing Fee & \$\ \text{\$52.50 Filing Fee,} \\ \text{Certified Copy} \\ \text{Certificate of Status & Certified} \\ \text{Copy (Additional copy is enclosed)} \end{array}
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314

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

USI Insurance Services of Rhode Island, Inc.

(1)	Name of Corporation)		
F09000002287			
(Document No	umber of Corporation (i	f known)	
Rhode Island			
(Inco	rporated Under Laws of)	
This corporation is no longer transacting busine voluntarily surrenders its authority to transact b	•		te of Florida and hereby
This corporation revokes the authority of its appoints the Department of State as its agent f the time it was authorized to transact business of	or service of proces	s based on a cause	
The following is a current mailing address for t	he corporation:		
555 Pleasantville Road			式会 医 B
	(Mailing Address)		
Briarcliff Manor, NY 10510			
	(City/ State /Zip)		
The corporation agrees to notify the Departmen	t of State in the fixtu	ra of any ahanga in	its mailing address
The corporation agrees to builty the Departmen	it of State in the futu	ie of any change in	is maning address.
The same of the sa		7 /	10/13
(Signature of a director, president or other officer - if	in the hands of a	(D	rate)
receiver or other court appointed fiduciary, by that	fiduciary)	_	
Ernest J. Newborn, II		Sm	retan)
(Typed or printed name of nerson signing)		(Title of	nercon cigning)

FILING FEE \$35

FL032 - 06/27/2013 C T Filing Manager Online