

FC9 0000003255

(Requestor's Name)

Scarborough Insurance Agency, Inc.

P.O. Box 351 • 114 Malone Street
Sandersville, GA 31082

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

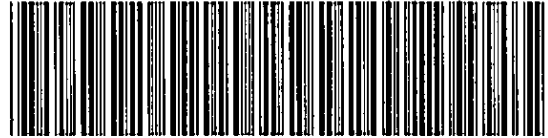
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/12/20--01017--008 ♦♦35.00

2020 JUL 10 AM 8:13

Withdrawal

JUL 23 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Scarborough Insurance Agency, Inc.

(Name of Corporation)

DOCUMENT NUMBER:

F07000003255

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

Please return all correspondence concerning this matter to the following:

William O. Scarborough, Jr.

(Name of Person)

Scarborough Insurance Agency, Inc.

(Firm/Company)

114 Malone Street

(Address)

Sandersville, GA 31082

(City/State and Zip code)

For further information concerning this matter, please call:

William O. Scarborough, Jr.

(Name of Person)

at (478) 552-5459

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

Previously Paid

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
Enclosed)

☐ \$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



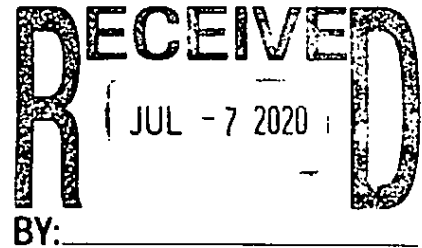
FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUL 10 PM 2:09

July 1, 2020

SCARBROUGH INSURANCE AGENCY, INC
114 MALONE ST
SANDERSVILLE, GA 31082

SUBJECT: SCARBROUGH INSURANCE AGENCY, INC
Ref. Number: F09000003255



We have received your document for SCARBROUGH INSURANCE AGENCY, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00012976

07/08/2020
Additional paperwork attached.
William O. Scarbrough, Jr.

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

Scarbrough Insurance Agency, Inc.

(Name of Corporation)

FO9000703255

(Document Number of Corporation (if known))

Georgia

(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:

P. O. Box 351

(Mailing Address)

Sandersville, GA 31082

(City/ State /Zip)

2020 JUL 10 AM 8:13

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

William O. Scarbrough Jr.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

07/08/2020

(Date)

William O. Scarbrough, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

Already paid