./20/2016 3.448 Division of	Florida Department of State
	Division of Corporations Electronic Filing Cover Sheet
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	To: Division of Corporations Fax Number : (850)617-6380
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)205-8842 Fax Number : (850)878-5368
	DISSOLUTION OR WITHDRAWAL LEMME INSURANCE GROUP, INC.
RECE 16 Jay 20	Certificate of Status0Certified Copy0Page Count03Estimated Charge\$35.00
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JII 2 1 2015 1/20/2016

1/20/2016 3:48:14 PM From: To: 8506176380(2/3)

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Lemme Insurance Group, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F10000001546

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(GEOTAP Wood Mame of Person) (Firm/Company) (Address) Arlington Heights, IL 60005 For further information concerning this matter, please call:

(Name of Person) at (B+7) 385-6819 (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

X \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status

Certified Copy (Additional copy is Enclosed)

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** 2661 Executive Center Circle Tallahassee, FL. 32301

1/20/2016 3:48:14 PM From: To: 8506176380(3/3)

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

- - - -- -

Lemme insurance Group, Inc.

(Name of Corporation)

F1000001546

(Document Number of Corporation (if known)

Illinois

(Incorporated Under Laws of)

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:

(Mailing Address)		-
Arlington Heights, IL 60005		_
(City/ State /Zip)		-
and the second		
poration agrees to notify the Department of State in the future		ares
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Signature of a director, predident by other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	<u>011822996</u>	
Signature of a director, predident by other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	011812096 990 D 201 -	
Signature of a director, prefident brother officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)		

FILING FEE \$35

1,432 - 06/27/2013 C T Filing Manager Onhee

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