F10 000 00 3480

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Fath, New)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJ	SUBJECT: Allstar Surety Company, Inc.						
		(Name of Corporation)					
DOCU	JMENT NUMBER: F10000003480						
The er	closed withdrawal application and	d fee are submitted for filing.					
Please	return all correspondence concernir	ng this matter to the following:					
	Gina Robinson						
		(Name of Person)					
	Allstar Financial Group, LLC						
		(Firm/Company)					
365 Northridge Rd, Ste 400							
		(Address)					
	Atlanta, GA 30350						
	(City/State and Zip code)					
For fu	rther information concerning this ma	atter, please call:					
Gina R	obinson	at (678)832-2132					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclos	sed is a check for the amount:						
■ \$35	Filing Fee	 					
	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

Allstar Surety Company, Inc.

		(Name of Corporation)			
	F10000003480				
	(Document Number of Corporation (if known)				
	Georgia	7/30/20	10		
	(Incorporated Under Laws of and da	ate authorized to transact bus	iness/conduct its affairs)		
voluntar	poration is no longer transacting busing ily surrenders its authority to transact transaction revokes the authority of its	business or conduct affai	rs in Florida.	·	
appoints	poration revokes the authority of its the Department of State as its agent for as authorized to transact business or c	or service of process base	ed on a cause of action arising		
The follo	owing is a current mailing address for	the corporation:	7.07.07	1 1 1 1 1	
	365 Northridge Rd, Ste 400		טוור מ	90 90 90 90 90 90 90 90 90 90 90 90 90 9	
		(Mailing Address)		ŏ -	
	Atlanta, GA 30350		=	PH 7: 0	
		(City/ State /Zip))	
	Signature of a director, president or other officer - i receiver or other court appointed fiduciary, by that		of any change in its mailing and the following and the following the following and t	ddress.	
-	DAVID R BRETT (Typed or printed name of person signing)		Path: DENT (Title of person signing)		

FILING FEE \$35