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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: INUOUATIVE PARTNERS INSURANCE SOLUTION S (Name of Corporation)
DOCUMENT NUMBER: <u>F 1000000 4243</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
INNOVATIVE PARTNELS INSULANCE SOLUTIONS (Firm/Company)
3080 BRISTOL ST., STE 450 (Address)
Costa Mesa, Ca 92626 (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (888) 251-5525 x 207 (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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

INDUATIVE PARTNERS INSURANCE SOLUTIONS, INC. (Name of Corporation)
F 1 000004343 (Document Number of Corporation (if known)
CALIFORNIA (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:
3080 Bristol St. STE. 450 A F
COSTA MESA, CA 92626 SA SA (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 of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
TAMES P. LEHMANN PRESIDENT (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35