## F11000001490

(Re	equestor's Name)	_	
(Ac	ldress)	<del></del>	
(Ac	idress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE STATES OF STATES

C. LEWIS

AUG 6 2014

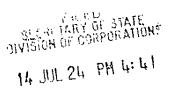
EXAMPLER

## **COVER LETTER**

	Amendment Section Division of Corporations		
SUBJE	Gemini Risk Partners, Inc.		
SCHOL		(Name of Corporatio	n)
DOCU	MENT NUMBER: F11000001490		
The end	closed withdrawal application and	fee are submitted for f	iling.
	return all correspondence concerning o the following:	this	
	Michael Sarnowski		
		(Name of Person)	
	Oswald Companies		
		(Firm/Company)	
	1100 Superior Avenue, Suite 1500		
		(Address)	
	Cleveland, OH 44114		
	(C	ity/State and Zip code	)
For furt	her information concerning this matt	er, please call:	
Michael	Sarnowski	216 3 at (	67-8854
Enclose	(Name of Person) ed is a check for the amount:		le & Daytime Telephone Number)
\$35	Filing Fee \$\int \\$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:		STREET ADDRESS:
	Amendment Section Division of Corporations	Amendment Section	
	P.O. Box 6327	Division of Corporations 2661 Executive Center Circle	

Tallahassee, FL. 32301

Tallahassee, FL.32314



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

Gemini Risk Partners, Inc.	
(Name of Corpora	ation)
F11000001490	
(Document Number of Corpor	ration (if known)
Ohio	
(Incorporated Under	Laws of)
This corporation is no longer transacting business or conduc voluntarily surrenders its authority to transact business or con	<del></del>
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of the time it was authorized to transact business or conduct affa	process based on a cause of action arising during
The following is a current mailing address for the corporation	n:
1100 Superior Avenue, Suite 1500	
(Mailing Addre	ss)
Cleveland, OH 44114	
(City/ State /Zi	p)
The corporation agrees to notify the Department of State in the	ne future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	<u>S</u> /13/14 (Date)
Joseph DuBois	Treasurer
(Typed or printed name of person signing)	(Title of person signing)