## F1100000/759

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of	Status			
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DEPARTMENT OF STATE

AVERAGE OF CONTRACTOR

15 FEB -9 AM II: 12

SECRETARY OF STATE TALLAHASSEE FLORIDA

FEB 1 0 2015 T. CARTER

ACCOUNT NO. : 12000000195				
REFERENCE : 489962 8017819				
AUTHORIZATION: Spelle man				
COST LIMIT : \$35.00				
ORDER DATE : February 4, 2015				
ORDER TIME : 9:31 AM				
ORDER NO. : 489962-045				
CUSTOMER NO: 8017819				
FOREIGN FILINGS				
NAME: RIGG INSURANCE MANAGERS, INC.				
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY				
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF STATUS				
CONTACT PERSON: Courtney Williams - EXT# 62935				
EXAMINER:				

## COVER LETTER

TO: Amendm	ent Section		
Division	of Corporations		
SUBJECT: Rig	g Insurance Managers, Inc.		
		(Name of Corporation	1)
DOCUMENT N	UMBER: F11000001759		
The enclosed wit	hdrawal application and	fee are submitted for fi	ling.
Please return all of matter to the follow	correspondence concerning owing:	; this	
Nancy G	Sonzales		
		(Name of Person)	
Hub Inte	mational Limited		
		(Firm/Company)	
300 N. L	aSalle Street, 17th Floor		
		(Address)	
Chicago	, IL 60654		
	(C	City/State and Zip code	)
For further inform	nation concerning this matt	ter, please call:	
Nancy Gonzales		at (312 2	79-4914
•	lame of Person) ck for the amount:	(Area Cod	le & Daytime Telephone Number)
\$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)
Ai Di	MAILING ADDRESS: mendment Section ivision of Corporations O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314



15 FEB -9 AMII: 12

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

Rigg Insurance Managers, Inc.

	(Name of Corporat	,
F1	1000001759	
_	(Document Number of Corpora	tion (if known)
Te	xas	
<u></u>	(Incorporated Under L	aws of)
	ation is no longer transacting business or conduction urrenders its authority to transact business or conductions.	
appoints the	ation revokes the authority of its registered agen Department of State as its agent for service of pr as authorized to transact business or conduct affair	rocess based on a cause of action arising during
The followin	ng is a current mailing address for the corporation:	
300	N. LaSalle Street, 17th Floor	
Chi	(Mailing Address icago, IL 60654	
	(City/ State /Zip)	
-	nion agrees to notify the Department of State in the	future of any change in its mailing address.  January 30, 2015
(Signa receiv	ture of a director, president or other officer - if in the hands of a ver or other court appointed fiduciary, by that fiduciary)	(Date)
Philip	o Adler	Vice President
	(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**