Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
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DISSOLUTION OR WITHDRAWAL INFANTINE INSURANCE AGENCY, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations		n)
	-		•
SUBJ	IECT: IIA, Inc.	(Name of Corporatio	<u> </u>
		(trank of Corporatio	· ·
DOC	UMENT NUMBER: F11000001807		······································
The en	nclosed withdrawal application and	fee are submitted for fi	iling.
	e return all correspondence concerning to the following:	g this	
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For fu	rther information concerning this ma	tter, please call:	
		at ()_	c & Daytime Telephone Number)
Enclos	(Name of Person) sed is a check for the amount:	(Area Cod	c & Daytime Telephone Number)
□ \$35	Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	☐543.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	□\$52.50 Filing Fee, 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

IIA, Inc.

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

	(Name of Corporation)	3 3
	ı	<u>-</u> 2
F	F11000001807	15 JUN 29
_	(Document Number of Corporation (if known)	9
		2
}	Maine	<u> </u>
_	(Incorporated Under Laws of)	PM 4: 38
-	oration is no longer transacting business or conducting affairs within the State of Florida and y surrenders its authority to transact business or conduct affairs in Florida.	i hereby
appoints the	oration revokes the authority of its registered agent in Florida to accept service on its belief Department of State as its agent for service of process based on a cause of action arising twas authorized to transact business or conduct affairs in Florida.	
The follow	wing is a current mailing address for the corporation:	
_4	491 Main Street	
	(Mailing Address)	
<u> </u>	Bangor, ME 04401 (City/ State /Zip)	
	(City) State 12:p)	
The corpo	pration agrees to notify the Separtment of State in the future of any change in its mailing address	ess.
(Sig	gnature of a director, president or other officer - if in the hands of a (Dale) cover or other court appointed fiduciary, by that fiduciary)	
	Tweed of printed name of person signing) (Tyte of person signing) (Tyte of person signing)	
	(1.2hou or furnish united or house affirmed)	

FILING FEE \$35