

F11 000003862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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18 DEC 22 AM 9:00

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Withdrawal

SUFFICIENCY OF FILING

JAN 03 2017

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2016

RESUBMIT

Please give original
submission date as file date.

CSC
ATTN: MELISSA ZENDER

SUBJECT: ASSURED NEACE LUKENS INSURANCE AGENCY, INC.
Ref. Number: F11000003862

We have received your document for ASSURED NEACE LUKENS INSURANCE AGENCY, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

PLEASE COMPLETE THE DATE THE DOCUMENT WAS SIGNED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.


If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 416A00027496

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 434005 7123596
AUTHORIZATION : 
COST LIMIT : \$35.00

ORDER DATE : December 21, 2016
ORDER TIME : 12:27 PM
ORDER NO. : 434005-040
CUSTOMER NO: 7123596

FOREIGN FILINGS

NAME: ASSURED NEACE LUKENS INSURANCE
AGENCY, 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: Melissa Zender - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assured Neace Lukens Insurance Agency, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F11000003862

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Steve Lawrence

(Name of Person)

c/o Herbert L. Jamison & Co., LLC

(Firm/Company)

20 Commerce Dr., Suite 200

(Address)

Cranford, NJ 07016

(City/State and Zip code)

For further information concerning this matter, please call:

Steve Lawrence

at (973) 669-2301

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$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)

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

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

Assured Neace Lukens Insurance Agency, Inc.

(Name of Corporation)

F11000003862

(Document Number of Corporation (if known))

Delaware

(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:

200 Colonial Center Pkwy Ste 150

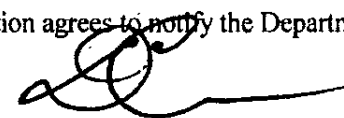
(Mailing Address)

Lake Mary, FL 32746

(City/ State /Zip)

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FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the 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)

12-28-2016

(Date)

Dean Curtis

(Typed or printed name of person signing)

SVP

(Title of person signing)

FILING FEE \$35