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## **COVER LETTER**

TO:		ent Section of Corporations		
CUDI	With	ndrawal of American Ports Insu	rance Program Risk Purchas	sing Group
20R1	ECT:		(Name of Corporation	
DOC	UMENT N	F12000001029		,
		hdrawal application and	fee are submitted for fi	ling.
		••		
	e return all or r to the follo	correspondence concerning owing:	g this	
	Melissa P	atton		
			(Name of Person)	
	Williams	Kastner		
			(Firm/Company)	
	601 Unio	n Street, Suite 4100		
			(Address)	
	Seattle, V	/A 98101		
		(0	City/State and Zip code)	
For fu	irther inform	nation concerning this mat	ter, please call:	
Meliss	sa Patton		at ( 206 ) 23	33-2899
Enclo	,	lame of Person) ck for the amount:		e & Daytime Telephone Number)
<b>≥</b> \$3	5 Filing Fee	E □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	<ul> <li>□\$52.50 Filing Fee,</li> <li>Certificate of Status &amp; Certified</li> <li>Copy (Additional copy is enclosed)</li> </ul>
	Aı Di	AILING ADDRESS: mendment Section vision of Corporations O. Box 6327		STREET ADDRESS: Amendment Section 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

American Ports Insurance Program Risk Purchasing Group Corporation	
(Name of Corporation)	
F12000001029	
(Document Number of Corporation (if known	
Washington	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs we voluntarily surrenders its authority to transact business or conduct affairs in This corporation revokes the authority of its registered agent in Florida appoints the Department of State as its agent for service of process based the time it was authorized to transact business or conduct affairs in Florida.	n Florida.  to accept service on its behalf and for a cause of action arising during
The following is a current mailing address for the corporation:	
720 Olive Way, Suite 1700	ALC 32
(Mailing Address) Scattle, WA 98101	HASSED P
(City/ State /Zip)	34.46
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ny change in its mailing address.  (Date)
DEBORANT BOVECE (Typed or printed name of person signing)	PRESIDENT (Title of person signing)

**FILING FEE \$35**