

Division of Corporations

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F12000063896

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

*File 1st
Withdrawal
before LLC
H14000243384*

**DISSOLUTION OR WITHDRAWAL
ACCESS INSURANCE HOLDINGS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
14 OCT 17 PM 1:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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OCT 20 2014

T. LEMIEUX

7/2014 10:21:26 From: To: 8506176380

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Access Insurance Holdings, Inc.

(Name of Corporation)

DOCUMENT NUMBER: FI2000003896

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly Cota

(Name of Person)

Access Insurance

(Firm/Company)

Three Ravinia Dr Ste 400

(Address)

Atlanta GA 30346

(City/State and Zip code)

For further information concerning this matter, please call:

Penny J Farr

at (404) 2337000

(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**

Access Insurance Holdings, Inc.

(Name of Corporation)

F12000003896

(Document Number of Corporation (if known))

Georgia

(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:

PO Box 105259

(Mailing Address)

Atlanta GA 30348

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Michael McMenamin
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10/13/14
(Date)

Michael McMenamin
(Typed or printed name of person signing)

CEO
(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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FILING FEE \$35