

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : C T CORPORATION SYSTEM

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DISSOLUTION OR WITHDRAWAL GHT TRANSPORTATION INSURANCE SERVICES, INC.

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1/14/2015

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Knight Transportation Insurance Services, Inc.
	(Name of Corporation)
DOC	IMENT NUMBER: F12000004758
The er	sclosed withdraws application and fee are submitted for filing.
	return all correspondence concerning this to the following:
	Dense Chipman Name of Person)
	(**************************************
	Knight Transportation Insurance Services, Inc
	150 Nov Homest Point BIND 2nd Floor (Address)
	EIK Grove Village IL 60007 (City/State and Zip code)
	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
TY	(Name of Person) at (847) 100-8186 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:
□ \$ 35	Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed) Enclosed)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL. 32314 STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassec, FL. 32301



15 JAN 14 AM 9: 11

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

	(Name of Corporation)
	F12000004758
	(Document Number of Corporation (if known)
	Delaware
	(Incorporated Under Laws of)
	poration is no longer transacting business or conducting affairs within the State of Florida and herebily surrenders its authority to transact business or conduct affairs in Florida.
appoints	rporation revokes the authority of its registered agent in Florida to accept service on its behalf are the Department of State as its agent for service of process based on a cause of action arising during it was authorized to transact business or conduct affairs in Florida.
The follo	owing is a current mailing address for the corporation:
	150 Northwest Point Blvd, 2nd Floor (Mailing Address)
	Elk Grove Village, IL 60007
	(City/ State / Zip)
The con	poration agrees to notify the Department of State in the future of any change in its mailing address.
_	Cenise LChym 12 29-14
Ì	Signature of a director, president or other officen- if in the hands of a (Date) receiver or other court appointed fiduciary, by that fiduciary)
<u>.</u>	Denise L. Chipman Secretary
	(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35

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