(Requ	uestor's Name)		
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## **COVER LETTER**

	Amendment Section Division of Corporations		
SUBJE	CoDiz Ingurance	Employee	Benefits. Inc.
SUBJE	CI:	(Name of Corpora	
DOCU	MENT NUMBER: F130000	03583	· 
The enc	closed withdrawal application and f	ee are submitted fo	or filing.
	return all correspondence concerning to the following:	this	
	Gary Harker		
		(Name of Person)	
	3H Corporate Service	es, LLC	
		(Firm/Company)	
	6 Clement Avenue		
		(Address)	
	Saratoga Springs, N	Y 12866	
	(Ci	ity/State and Zip co	ode)
For furt	her information concerning this matte	er, please call:	
_	y Harker	at (518	,583-0639 Ext. 111
Enclose	(Name of Person) ed is a check for the amount:		Code & Daytime Telephone Number)
<b>√</b> \$35 1	Filing Fee \$\bigs\tag{\$43.75 Filing Fee & Certificate of Status}	\$43.75 Filing Fe Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
	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

CoBiz Insurance - Employee Benefits, Inc.	***	
(Name of Corporation)	7	
		: [1]
F13000003583	20	
(Document Number of Corporation (if known)	至	
	ယ့	ري ا⊷د
Colorado	23	- 1916 - 315 - 315
(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:

821 17th Street, Suite 800		
	(Mailing Address)	
Denver, CO 80202		
	(City/ State /Zip)	

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)

Paul Boehm

(Typed or printed name of person signing)

O2/10/2014

(Date)

President

(Title of person signing)

**FILING FEE \$35**