

# F13000005058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

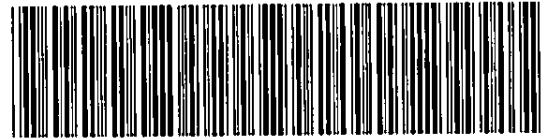
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JUN 25 AM 3:24

RECEIVED

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 473621 8276196

AUTHORIZATION *Spalden*

COST LIMIT : \$ 35.0

ORDER DATE : May 21, 2024

ORDER TIME : 2:06 PM

ORDER NO. : 473621-075

CUSTOMER NO: 8276196

FOREIGN FILINGS

NAME: BROWN & BROWN INSURANCE  
BROKERS OF SACRAMENTO, 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: Shauna Godbolt - EXT#

EXAMINER: \_\_\_\_\_

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

Brown & Brown Insurance Brokers of Sacramento, Inc.

\_\_\_\_\_  
(Name of Corporation)

F13000005058

\_\_\_\_\_  
(Document Number of Corporation (if known))

California

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

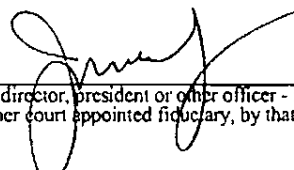
300 N. Beach Street

\_\_\_\_\_  
(Mailing Address)

Daytona Beach, FL 32114

\_\_\_\_\_  
(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)

James Lanni

\_\_\_\_\_  
(Typed or printed name of person signing)

5/17/2024

\_\_\_\_\_  
(Date)

Vice President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

473621-75