

F14 00000 4049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

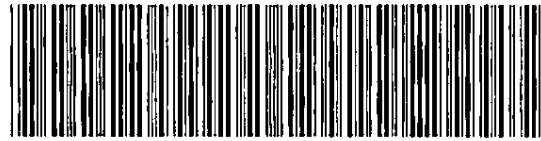
(Business Entity Name)

(Document Number)

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06/07/22--01001 -001 **35.00

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2022 JUN -9 PM 2:35

2022 JUN -6 PM 3:50

OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Withdrawal

JUN 09 2022

D CONNEL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2022

CORPORATE ACCESS, INC.

Corrected

SUBJECT: COLLINWOOD RISK SERVICES, INC.
Ref. Number: F14000004049

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE CORRECT THE DATE THE CORPORATION WAS AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THE CORRECT DATE IS 09/25/2014.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 422A00012878

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: **06//22**
 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING

WITHDRAWAL _____

1. COLLINWOOD RISK SERVICES, INC.

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLLINWOOD RISK SERVICES, INC.

(Name of Corporation)

DOCUMENT NUMBER: F14000004049

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brittany Hansen

(Name of Person)

Registered Agent Solutions, Inc.

(Firm/Company)

5301 Southwest Parkway, Suite 400

(Address)

Austin, TX 78735

(City/State and Zip code)

For further information concerning this matter, please call:

Brittany Hansen

at (888) 705-7274

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

COLLINWOOD RISK SERVICES, INC.

(Name of Corporation)

F14000004049

(Document Number of Corporation (if known))

Iowa - 09/25/2014

(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:

PO Box 35605


(Mailing Address)

Des Moines, IA 50315

(City/ State /Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

06/06/2022

(Date)

Eddie Mauro

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35