F17000002546

(Requestor's Name)		
(Address)	000372	045420
(Address) (City/State/Zip/Phone #)	R.S	OFIVED
PICK-UP WAIT MAIL		CEN/ED
(Business Entity Name)	08/31/21	ກນາ3ນປ3 **43. <i>ຕ</i> ວ
(Document Number)		
Certified Copies Certificates of Status		
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Florida Department of State
Amendment Section and
Registration Section
Division of Corporations

To Whom It May Concern,

Our entity recently converted from a corporation to a limited liability company. I'm submitting an "Application by Foreign Corporation for Withdrawal of Authority to Transact Business in Florida" to withdrawal our agency as a corporation and submitting an "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" to register us as a foreign limited liability company in the state of Florida. I've also included the following documents:

- Certificate of Conversion from our state of incorporation (California)
- Certificate of Good Standing from the state our limited liability company was formed in (Delaware)
- Check in the amount of \$130.00 (Application for Authorization to Transact Business fees)
- Check in the amount of \$43.75 (Application of Withdrawal fees)

If anything further is needed to process these requests please feel free to contact me via phone or email. I've listed my contact information below.

Sincerely,

Heather Zuckerman, Operations Coordinator

The Liberty Company Insurance Brokers, LLC

Email: <u>hzuckerman@libertycompany.com</u>

Phone: (818) 224-6111

COVER LETTER

Division of Corporations		
SUBJECT: The Liberty Company Insurance	a Brokery Inc	
The Liberty Company insurance	(Name of Corporation)	
DOCUMENT NUMBER: F17000002546		
The enclosed withdrawal application and	fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Heather Zuckerman		
	(Name of Person)	
The Liberty Company Insurane Broke	ers, LLC	
	(Firm/Company)	
5955 De Soto Ave. #250	· · · · · · · · · · · · · · · · · · ·	
	(Address)	
Woodland Hills, CA 91367	27. (0	
(6	City/State and Zip code)	
For further information concerning this mat	tter, please call:	
Heather Zuckerman (Name of Person)	at (<u>818</u>) 224-6111 (Area Code & Daytime Te	Japhana Number)
(warne of reison)	(Area Code & Daytime 16	replicate Number)
Enclosed is a check for the amount:		
□ \$35 Filing Fee 🛭 \$43.75 Filing Fee & Certificate of Status	Certified Copy Certificate	liling Fee, of Status & Certified ditional 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 Tallahassee, FL 32303	810

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

The Liberty Company Insurance Brokers, Inc.
(Name of Corporation)
F17000002546
(Document Number of Corporation (if known)
Incorporated in California on August 11, 2003
(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 hereb
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 ar
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:
The following is a current maning accress for the corporation.
5955 De Soto Avc. #250
(Mailing Address)
j
Woodland Hills, CA 91367
(City/ State /Zip)
5
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
08/11/2021 \\
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
Jerry Pickett CEO
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35