# F170000002687

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700399481237

Withdrawal

2023 FEB -9 AN 10: 25

THE CEIVED

A. RAMSEY FEB 1 0 2023

### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/09/2023	-	₩ALK IN
ENTITY NAME Tri-Ad A	Actuaries, Inc	
1-2 filing. Withdrawal	first. Organization second.	
DOCUMENT NUMBER_		·
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA		
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$35	ACCOUNT #: I2016000007	'2

#### **COVER LETTER**

TO: Amendment Section Division of Corporations			
CUDI	TRI-AD ACTUARIES, INC.		
20R1	JECT:	(Name of Corporation)	
DOC	UMENT NUMBER: F17000002687		
The er	nclosed withdrawal application and for	fee are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	TINA BOYD		
		(Name of Person)	
	TRI-AD ACTUARIES, INC.		
		(Firm/Company)	
	600 NACHES AVE SW		
		(Address)	
	RENTON, WA 98057		
	(Ci	City/State and Zip code)	
For fu	urther information concerning this matt	ter, please call:	
URS A	Agents ATTN Kanetha Bishop	at ( 800 ) 567-4397	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclo	osed is a check for the amount:		
<b>■</b> \$3	35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  Certified Copy Certificate of Status & Certified  (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

TRI-AD ACTUARIES, INC.	
(Name of Corp.	oration)
F17000002687	
(Document Number of Cor	poration (if known)
CALIFORNIA	
(Incorporated Under Laws of and date authorized	to transact business/conduct its affairs)
This corporation is no longer transacting business or cond- voluntarily surrenders its authority to transact business or c	ucting affairs within the State of Florida and hereby conduct affairs in Florida.
This corporation revokes the authority of its registered a appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affair	process based on a cause of action arising during the
The following is a current mailing address for the corporati	ion:
600 NACHES AVE SW	
(Mailing Add	dress)
RENTON, WA 98057	
(City/ State	/Zip)
The corporation agrees to notify the Department of State in	n the future of any change in its mailing address.
	02/03/2023
(Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	(Date)

**FILING FEE \$35**