

F18000002831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

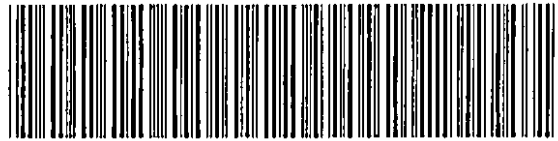
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

O SIMMONS

MAR 25 2020

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

RESUBMIT

ACCOUNT NO. : I20000000195

REFERENCE : 205492 6408A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 52.50

ORDER DATE : March 6, 2020

ORDER TIME : 10:0 AM

ORDER NO. : 205492-005

CUSTOMER NO: 6408A

FOREIGN FILINGS

NAME: LIBERTY MUTUAL PERSONAL
INSURANCE COMPANY

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION ***FILE FIRST***

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Liberty Mutual Personal Insurance Company

(Name of Corporation)

DOCUMENT NUMBER: F18000002831

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

Please return all correspondence concerning this matter to the following:

Colleen K. Lynch

(Name of Person)

Liberty Mutual Insurance Group

(Firm/Company)

175 Berkeley Street

(Address)

Boston, MA 02116

(City/State and Zip code)

For further information concerning this matter, please call:

Colleen K. Lynch

at (617) 654-3680

(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**

Liberty Mutual Personal Insurance Company

(Name of Corporation)

F18000002831

(Document Number of Corporation (if known))

Massachusetts 06/15/2008

(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:

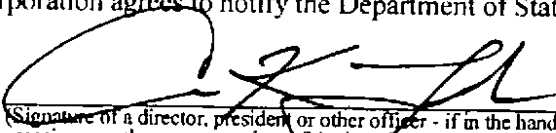
175 Berkeley Street

(Mailing Address)

Boston, MA 02116

(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)

Colleen K. Lynch

(Typed or printed name of person signing)

3/6/2020
(Date)

Assistant Secretary

(Title of person signing)

FILING FEE \$35