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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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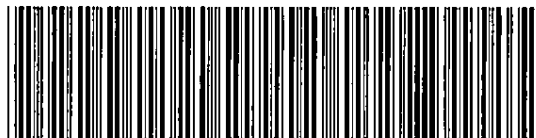
(Business Entity Name)

(Document Number)

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2024 MAR 14 11:00 AM ***

2024 MAR -14 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midwest Family Mutual Insurance Company

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Becky Szymczak

(Name of Person)

Midwest Family Mutual Insurance Company

(Firm/Company)

4401 Westown Parkway, Ste. 305

(Address)

West Des Moines, IA 50266

(City/State and Zip Code)

For further information concerning this matter, please call:

Becky Szymczak

(Name of Person)

763

951-7055

at (_____) _____

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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2024 MAR -4 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Midwest Family Mutual Insurance Company

(Name of limited liability company)

State of Iowa

(Jurisdiction of its organization)

06/06/2019

(Date registered with Florida Department of State)

F19000002792

(Florida Document Number)

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2024 MAR -11 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FL

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Becky Szymczak
(Signature of authorized representative)

Becky Szymczak

(Typed or printed name of signee)

Filing Fee: \$25.00