F21000000613

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
-a Copies Certificates of Status	
hal Instructions to Filing Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 380246 8331191

AUTHORIZATION

COST LIMIT

ORDER TIME : 1:28 PM

ORDER DATE: January 15, 2023

ORDER NO. : 380246-005

CUSTOMER NO: 8331191

FOREIGN FILINGS

NAME: WELLINGTON ADJUSTING SERVICES,

INC.

XX CORPORATE

LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ____ PLAIN STAMPED COPY ___ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER:

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

	Wellington Adjusting Services, Inc.			
	(Name of Corporation)			
	F21000000613			
	(Document Number of Corporation (ii	(known)		
	TX 01/29/2021			
	(Incorporated Under Laws of and date authorized to transact	business/conduct its affairs)		
voluntar This co appoints	rporation is no longer transacting business or conducting affily surrenders its authority to transact business or conduct af rporation revokes the authority of its registered agent in F is the Department of State as its agent for service of process by as authorized to transact business or conduct affairs in Flori	fairs in Florida. Florida to accept service on pased on a cause of action ari	its behalf ising durin	f and
	lowing is a current mailing address for the corporation: c/o Hasana Stanberry, Truist, 214 N. Tryon St.	22 24 4	2023 FEB 1	
	(Mailing Address) Charlotte, NC 28202-1078	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	AHIO:	
	(City/ State /Zip)		<u></u>	
	poration agrees to notify the Department of State in the future. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	re of any change in its mailing 2 16 23 (Date)	ng address	—
	Jennifer Hiester	Secretary		
	(Typed or printed name of person signing)	(Title of person signir	ng)	_