F9300003777

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i></i>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Capies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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05 JUL 20 PN 2: 42

SECRETARY OF STATE
TALLAHASSEE FLORIDA



RA BERME

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CORVETTE GENERAL	L AGENCY, INC.
	(Name of corporation)
DOCUMENT NUMBER:	F93000003777
The enclosed withdrawal applicati	on and fee are submitted for filing.
Please return all correspondence cor matter to the following:	ncerning this
MARTIN R. BROW	N
<u>v</u>	(Name of Person)
CORVETTE GENERAL AG	GENCY, INC.
	(Firm/Company)
P.O. BOX 2450	
	(Address)
GRAND RAPID	S, MICHIGAN 49501
	(City/State and Zip code)
For further information concerning	this matter, please call:
MARTIN R. BROWN	at (616) 956-3588
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

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

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

CORVETTE GENERAL AGENCY, INC.	
(Name of Corporation)	
F93000003777	
(Document Number of Corporation (if known)	
GEORGIA	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and her coluntarily 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 appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	an
The following is a current mailing address for the corporation:	
P.O. BOX 2450 (Mailing Address)	
GRAND RAPIDS, MICHIGAN 49501-2450	
(City/ State /Zip) ARETARY D SEE TO 1	
The corporation agrees to notify the Department of State in the future of any change in its matting address.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	_
MARTIN R. BROWN (Typed or printed name of person signing) (Title of person signing)	_
(1) per or prince time or person signing)	

FILING FEE \$35