F94000001090

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





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SECRETARY OF STATE

The light

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: First Advantage Insurance	Agency, Inc.
	ame of corporation)
DOCUMENT NUMBER: F940000010	090
The enclosed withdrawal application as	nd fee are submitted for filing.
Please return all correspondence concern matter to the following:	uing this
Brenda Kramer, Senior I	Paralegal
	(Name of Person)
Security Benefit Corp.	
	(Firm/Company)
One Security Benefit Plac	;e
	(Address)
Topeka, KS 66636	
	(City/State and Zip code)
For further information concerning this n	natter, please call:
Brenda Kramer	at (785) 438-3085
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:

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

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

First Advantage Insurance Agency, Inc.

(Name of Corporation)	
F9400001090	04 OCT 12 PM
(Document Number of Corporation (if	known)
	표준 그
	<u> </u>
Kansas	
(Incorporated Under Laws of)	
(monpolated chart Zalis on)	——————————————————————————————————————
This companies is no longer transacting business or conducting off	in within the State of Florida and Industry
This corporation is no longer transacting business or conducting affa	
voluntarily surrenders its authority to transact business or conduct aff	airs in Florida.
This corporation revokes the authority of its registered agent in F	
appoints the Department of State as its agent for service of process ba	• •
time it was authorized to transact business or conduct affairs in Florid	la.
The following is a current mailing address for the corporation:	
-	
One Security Benefit Place	
(Mailing Address)	
Topeka, KS 66636	
(City/ State /Zip)	
(
The corporation agrees to notify the Department of State in the future	of any change in its mailing address.
Ca 7 a	10/4/04
(Signature of director, president or other officer - if in the hands of a	(Date)
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(200)
Amy J. Lee	Secretary
(Typed or printed name of person signing)	(Title of person signing)
• • • •	

FILING FEE \$35