

# F96000005468

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

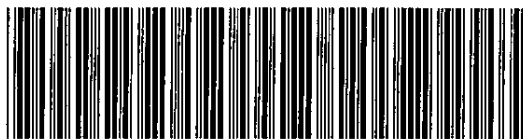
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 200132314342

07/10/08--01019--019 \*\*35.00

**FILED**  
2008 JUL 10 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

withdrawal

TB

7/14/08

Protective Life Corporation  
Post Office Box 2606  
Birmingham, Alabama 35202  
205-268-1000

Susan J. Lester  
Regulatory Analyst  
Direct Dial: 205.268.5497  
Facsimile Number: 205.268.3597  
Toll Free Number: 800.627.0220  
e-mail: Susan.Lester@protective.com



July 9, 2008

**Via Overnight Courier**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: PMG Asset Management, Inc.

Dear Sir or Madam:

I have enclosed an original Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for the above-mentioned corporation as well as a copy to be file stamped and returned in the enclosed self-addressed prepaid envelope. I have also enclosed a check in the amount of \$35.00.

Thank you for your assistance with this matter. Please do not hesitate to call me at (205) 268-5497 if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read "Susan J. Lester". The signature is fluid and cursive, written over a horizontal line.

Susan J. Lester  
Regulatory Analyst

SJL/sjl

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PMG Asset Management, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F96000005468

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

Please return all correspondence concerning this  
matter to the following:

\_\_\_\_\_  
Susan Lester

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
Protective Life Corporation

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
2801 Highway 280 South

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Birmingham, AL 35223

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_  
Susan Lester

\_\_\_\_\_  
(Name of Person)

at ( 205 ) 268-5497

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

PMG Asset Management, Inc.

(Name of Corporation)

F96000005468

(Document Number of Corporation (if known))

New York

(Incorporated Under Laws of)

FILED  
2008 JUL 10 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

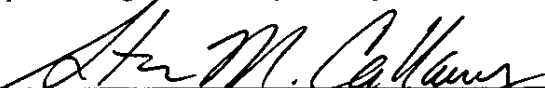
2801 Highway 280 South

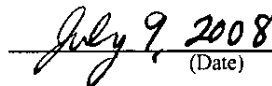
(Mailing Address)

Birmingham, AL 35223

(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)

  
(Date)

Steve M. Callaway

(Typed or printed name of person signing)

Secretary & Chief Compliance Officer

(Title of person signing)

**FILING FEE \$35**