F960000006115

| (Red | questor's Name) | | |
|---|-------------------|-----------|--|
| (Address) | | | |
| (Address) | | | |
| (City | //State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



300260532383

05/27/14--01057--008 **43.75

Mi Undrawalica na le 19/14

COVER LETTER

| то: | Amendment Section Division of Corporations | | | |
|--------|--|---|--|--|
| SUBJ | ECT: American Wholesalers Underwriting | Ltd. MC (Name of Corporation | n) | |
| DOCU | JMENT NUMBER: F96000006115 | | | |
| The er | nclosed withdrawal application and f | ee are submitted for fi | ling. | |
| | return all correspondence concerning to the following: | this | | |
| | Peggie Golger | | | |
| | | (Name of Person) | | |
| | American Wholesalers Underwriting Ltd., W. Clo Cohen and Wolf, P. C. (Firm/Company) | | | |
| | 1115 Broad St. | | | |
| | <u></u> | (Address) | | |
| | Bridgeport, CT 06604 | | | |
| | (C | ity/State and Zip code |) | |
| For fu | rther information concerning this matt | er, please call: | | |
| Peggie | Golger | at (203) 3: | 37-4230 | |
| Enclos | (Name of Person) sed is a check for the amount: | (Area Cod | le & Daytime Telephone Number) | |
| \$35 | Filing Fee \$\int \\$43.75 Filing Fee & \bigce\$ Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | |
| | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle | |

Tallahassee, FL. 32301

FL032 - 05/16/2013 Wolters Kluwer Online

Tallahassee, FL.32314

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

| American Wholesalers Underwriting Ltd., [W. | 2 |
|---|---|
| (Name of Corporation) | (if known) |
| | |
| F96000006115 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| (Document Number of Corporation | (if known) |
| Connecticut | |
| (Incorporated Under Laws | of) |
| voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceeding it was authorized to transact business or conduct affairs in the following is a current mailing address for the corporation: | Florida to accept service on its behalf and ess based on a cause of action arising during |
| 25120 Ridge Oak Drive | |
| (Mailing Address) | |
| Bonita Springs, FL 34134 | |
| (City/ State /Zip) | |
| The corporation agrees to notify the Department of State in the fur (Signature of a director, president or other officer - if in the hands of a | May 16, 2014 (Date) |
| receiver or other court appointed fiduciary, by that fiduciary) | |
| Richard Slavin | Secretary |
| (Typed or printed name of person signing) | (Title of person signing) |

FILING FEE \$35