

F98 00000 1216

(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



300210665163

11/29/11--01030--001 **35.00

RECEIVED
11/29/11 3:29 PM
FILED

11 NOV 29 PM 3:29

FILED

Wither
DEB
11/30/11



2233 Wisconsin Avenue, N.W.
Suite 310
Washington, DC 20007
T (202) 471-5944
F (202) 471-5947

November 23, 2011

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

**Re: Risk Services-South, Inc.
Florida Document #: F9800000126
Withdrawal Application**

Dear Sir/Madam:

In the above-referenced matter, enclosed please find the following:

1. Florida Division of Corporations Cover Letter;
2. Original, executed Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida; and,
3. Check in the amount of \$35.00 in payment of the filing fee associated with this submission.

As per the enclosed Cover Letter, please return confirmation of this filing to:

Attn: Jon Harkavy
Risk Services
2233 Wisconsin Avenue, N.W., Suite 310
Washington, DC 20007

Thank you so much. Should you have any questions or require anything further in connection with this matter, please don't hesitate to contact me by telephone at (202) 471-5944 or by e-mail at hross@riskservices.com.

Sincerely,


Heather Ross
Director, Regulatory Compliance

RECEIVED

11 NOV 28 PM 8:34

ENCLOSURE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Risk Services-South, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F98000001216

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

Please return all correspondence concerning this
matter to the following:

Jon Harkavy

(Name of Person)

Risk Services

(Firm/Company)

2233 Wisconsin Avenue, NW, Suite 310

(Address)

Washington, DC, 20007

(City/State and Zip code)

For further information concerning this matter, please call:

Jon Harkavy

(Name of Person)

at (202) 471-5944

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET 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**

Risk Services-South, Inc.

(Name of Corporation)

F98000001216

(Document Number of Corporation (if known))

Alabama

(Incorporated Under Laws of)

FILED
11 NOV 29 PM 3:29
DEPARTMENT OF STATE
HALLWAY ROOM 3010

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:

Attn: Jon Harkavy, Risk Services, 2233 Wisconsin Ave., NW, Suite 310

(Mailing Address)

Washington, DC, 20007

(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)

Michael T. Rogers

(Typed or printed name of person signing)

11/20/2011

(Date)

President

(Title of person signing)

FILING FEE \$35