## F99000005582

(Re	equestor's Name)	
(Ad	ldress)	<del>-</del>
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
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TARK AHASSEF, FLORID.

Mith.



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

XX CORPORATE

\_\_\_\_\_ LIMITED PARTNERSHIP

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	352708	8331191	
	AUTHORIZATION	:	C Bray !	7 8.2 a. a.	
	COST LIMIT	:	\$ (35.00	Elman	
ORDER DATE :	January 13, 2023				
ORDER TIME :	1:33 PM				
ORDER NO. :	352708-040				
CUSTOMER NO:	8331191				
FOREIGN FILINGS					
NAME:	CENTERSTONE IN			)	

\_\_\_\_\_LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
YX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER:

## **COVER LETTER**

	sion of Corpora	ions			
SUBJECT:	Contessions Insurance and Financial Services Inc				
Sonoiser.		<del>-</del>	(Name of	Corporation)	· · · · · · · · · · · · · · · · · · ·
DOCUME	NT NUMBER:	F99000005582		<u>-</u>	
The enclose	d withdrawal a	pplication and t	fee are subr	nitted for filin	g.
Please return	n all correspond	ence concerning	this matter	to the follow	ing:
_			(Name of	Person)	, , , , , , , , , , , , , , , , , , ,
<del></del>			(Firm/Co	mpany)	
<del></del>			(Addr	ess)	
		(C	ity/State an	d Zip code)	
For further i	information con	cerning this mat	ter, please o	all:	
			at (	)	& Daytime Telephone Number)
	(Name of Pe	rson)		(Area Code	& Daytime Telephone Number)
Enclosed is	a check for the	amount:			
□ \$35 Filin		75 Filing Fcc & ficate of Status	Certified	Copy nal copy is	· · ·
Amo Divi P.O.	ing Address: endment Section ision of Corpora Box 6327 ahassee, FL 323		Ar Di Th 24	eet Address: nendment Sec vision of Corp e Centre of To 15 N. Monroe	oorations allahassee Street, Suite 810

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

Centerstone Insurance and Financial Services, Inc.

	(Name of Corporation)		
	F99000005582		
	(Document Number of Corporation	(if known)	_
	CA 10/29/1999		
	(Incorporated Under Laws of and date authorized to transa	net business/conduct its affairs)	<del></del>
volunta This ca	orporation is no longer transacting business or conducting a arily surrenders its authority to transact business or conduct orporation revokes the authority of its registered agent in its the Department of State as its agent for service of process was authorized to transact business or conduct affairs in Flo	affairs in Florida.  Florida to accept service on its saled on a cause of action arising	behalf and
	llowing is a current mailing address for the corporation:  c/o Hasana Stanberry, Truist214 N Tryon St	SECRETA	T
	(Mailing Address)  Charlotte, NC 28202-1078  (City/ State /Zip)	RY OF STATE SEE, FLOR DA	T T D
The co	exporation agrees to notify the Department of State in the fut  (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ture of any change in its mailing ad	dress.
	Jennifer Hiester	Secretary	
	(Timed or printed pages of pageon cigning)	(Title of percon signing)	