## M 00000000 487

•		
(Requ	iestor's Name)	
(Addre	ess)	
(Addre	es <b>s</b> )	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number)	<del></del>
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	
		Strukt

Office Use Only



600012312936

02/17/03--01020--001 \*\*25.00

-0<del>0/15/03 -01003 -001 -4725.</del>00

03 FEB 17 AM 8: 3



January 27, 2003

Mr. Tom Gallagher Florida Department of Insurance Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Cancellation of TPA License #01-75-2686935

To Whom It May Concern:

Per your direction, I am providing you with the following information:

On 6/28/02 Platinum Safety & Claims Services, LLC no longer has an agreement with an insurer to administer life, accident, and health insurance. Therefore we are canceling our TPA license at this time for your state. We will not be operating as a TPA for your state and have no outstanding financial obligation in connection to the business. Claim information for your state prior to 6/28/02 will be kept in our office. After this date, the new TPA is Benefit Planners, 12668 Silicon Drive, San Antonio, Texas 78249; Bill Weisgerber at 210-212-3315.

I am attaching the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida form along with the filing fee of \$25.00. Also a copy of our license.

As also instructed, I will not be completing the Uniform Business Report or Annual Statement since we are withdrawing our license at this time.

If you have any questions, please feel free to contact Maria Huckaby, Office Supervisor, or myself.

Barry L. J President

Singer

Cc: Registered Agents, Ltd

ASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS FLORIDA	IN <sub>S</sub>
Platinum Safety + Claims Services, L.L.C. (Name of limited liability company)	FEB 17 AM 8:31
(Jurisdiction of its organization)	<del></del>
This limited liability company is no longer transacting business in Florida and surreauthority to transact business in this state.  This limited liability company revokes the authority of its registered agent to accept service and appoints the Department of State as its agent for service of process based of action arising during the time it was authorized to transact business in Florida.	
P.O. 1304 6367	
(Mailing address)	
Dyler, Dertas 75711 (City/State/Zip)	<i>-</i>
The lipsited liability company agrees to notify the Department of State in the future of an in its mailing address.  (Signature of member or authorized representative of a member)	ny change
Barry L. Jones (Typed or printed name of signes)	