

MOD00000001881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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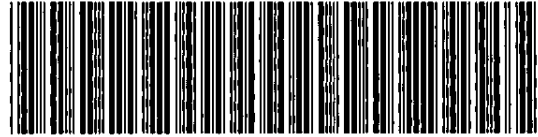
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TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Vision Insurance Group LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Langdon

(Name of Person)

The Vision Insurance Group LLC

(Firm/Company)

PO Box 1324

(Address)

Brentwood TN 37024-1324

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Langdon

(Name of Person)

at ( 615 ) 312-2407

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2009

KAREN LANGDON  
P.O. BOX 1324  
BRENTWOOD, TN 37024-1324

SUBJECT: THE VISION INSURANCE GROUP, LLC  
Ref. Number: M00000001881

We have received your document for THE VISION INSURANCE GROUP, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 909A00002569

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

The Vision Insurance Group LLC  
(Name of limited liability company)

Tennessee  
(Jurisdiction of its organization)


This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

PO Box 1324  
(Mailing address)

Brentwood TN 37024-1324  
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of member or authorized representative of a member)

John Pace - Managing Member  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
09 FEB 10 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA