

M016000000060

(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



900024071479

10/29/03--01072--003 **30.00

RECEIVED
ALL AMER. SEC. FIL. DIV.

03 OCT 29 AM 8:32

FILED

M01-60
al



SELECTIVE

Selective Insurance Group, Inc.
40 Wantage Avenue
Branchville, New Jersey 07890
Tel: 973-948-1259
Fax: 973-948-2070
E-mail : marlene.neal@selective.com

Marlene A. Neal
Legal Assistant

October 28, 2003

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

RE: SRM Insurance Brokerage, LLC – Document # M01000000060

Dear Sir/Madam:

Enclosed is an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for the above referenced limited liability company.

Also enclosed is a check for \$30.00 for the filing fee and a Certificate of Status.

Please process accordingly and return the Certificate of Status to me at the above address.
Thank you.

Sincerely,

Marlene A. Neal

/man
Enclosures

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 OCT 29 AM 8:33

FILED

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

SRM Insurance Brokerage, LLC - Document #M01000000060

(Name of limited liability company)

New Jersey

(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.

Att: Corporate Legal, 40 Wantage Avenue

(Mailing address)

Branchville, NJ 07890

(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)

Malcolm G. Franklin, Manager

(Typed or printed name of signee)

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

JUL 29 AM 9:37

FILED