

MD10000006603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

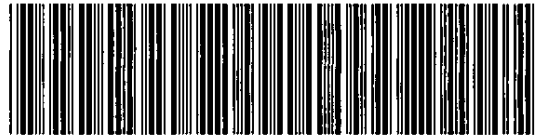
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 24 AM 11:50

T. HAMPTON

JUL 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vista National Insurance Group of Florida, 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:

John Pickard
(Name of Person)

Teaberry Health & Welfare Benefits Practice
(Firm/Company)

One Progress Plaza Ste. 630
(Address)

St. Petersburg, FL 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

John Pickard at (727) 894 2200
(Name of Person) (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

check submitted already



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL 24 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 23, 2009

JOHN D PICKARD
TEABERRY HEALTH & WELFARE
ONE PROGRESS PLAZA - STE 630
ST PETERSBURG, FL 33701

SUBJECT: VISTANATIONAL INSURANCE GROUP OF FLORIDA, L.L.C.
Ref. Number: M01000000603

We have received your document for VISTANATIONAL INSURANCE GROUP OF FLORIDA, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00021370

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

Vista National Insurance Group of Florida, LLC
(Name of limited liability company)

Florida

(Jurisdiction of its organization)

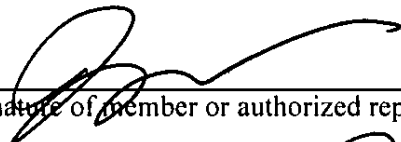
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

One Progress Plaza, Ste. 630
(Mailing address)

St. Petersburg, FL 33701
(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 D. Pickard
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 24 AM 11:50