

MO1000002419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

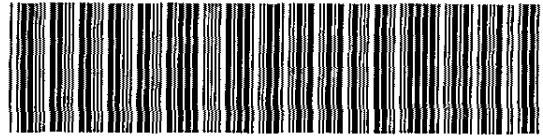
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2005 JAN 31 PM 2:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. STAPAL FEB - 7 2005



1/27/2005

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

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2005 JAN 31 PM 2:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Division of Corporations –

Attached is the application by foreign limited liability company for withdrawal of authority to transact business in Florida for ValMark Insurance Agency, LLC. Also included is the withdrawal fee of \$25.00 and the LLC's annual report for your reference. We spoke to Nanette and this is what she advised us we needed to submit to dissolve the annual report for ValMark Insurance Agency, LLC. If you have any questions or need more information, please feel free to contact me at 330-576-1234, ext. 3311.

Thank you in advance for your cooperation and courtesy in this matter.


Tiffany McDaniels

Licensing and Registration

130 Springside Dr • Suite 300 • Akron, OH • 44333

(P) 330-576-1234 Ext 3311 • (F) 330-576-1281

tiffany.mcdaniels@valmarksecurities.com

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

ValMark Insurance Agency, LLC
(Name of limited liability company)

OHIO
(Jurisdiction of its organization)

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TALLAHASSEE, FLORIDA

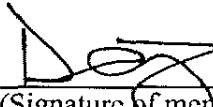
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

130 Springside Dr Ste# 300
(Mailing address)

AKRON, OH 44333
(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)

DAVID K. CRITZER, CFO
(Typed or printed name of signee)