

M0200006539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

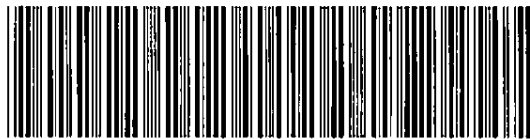
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. LEGGETT
NOV 16 2017

FILED
17 NOV 15 AM 7:59
CLERK OF COURT
TALLAHASSEE, FLORIDA

2017 NOV 15 11:46

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 850878 7637107

AUTHORIZATION

COST LIMIT : \$25.00



ORDER DATE : October 6, 2017

ORDER TIME : 10:44 AM

ORDER NO. : 850878-015

CUSTOMER NO: 7637107

FOREIGN FILINGS

NAME: INSUREONE INDEPENDENT
INSURANCE AGENCY, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: InsureOne Independent Insurance Agency, 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:

James Ortega

(Name of Person)

Confie Seguros Holding II Co.

(Firm/Company)

7711 Center Avenue, Suite 200

(Address)

Huntington Beach, CA 92647

(City/State and Zip Code)

For further information concerning this matter, please call:

James Ortega

(Name of Person)

714

252-2572

at (

_____) _____
(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

InsureOne Independent Insurance Agency, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

February 27, 2002

(Date registered with Florida Department of State)

M02000000539

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Michael Kaplan

(Typed or printed name of signee)

Filing Fee: \$25.00