

MD3000001898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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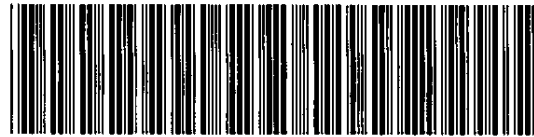
(Business Entity Name)

(Document Number)

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C. LEWIS

SEP 28 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 509150 4385593

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 14, 2010

ORDER TIME : 8:42 AM

ORDER NO. : 509150-020

CUSTOMER NO: 4385593

FOREIGN FILINGS

NAME: ALLIED NORTH AMERICA INSURANCE
BROKERAGE OF WASHINGTON D.C.,
LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Matthew Young - EXT# 2962

EXAMINER: _____

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

Allied North America Insurance Brokerage of Washington, D.C., LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

MD3000001898

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.

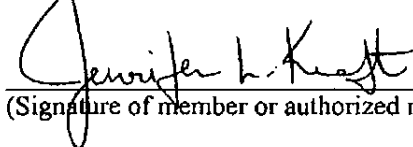
c/o Dan Kasten, 200 E. Randolph, 8th Floor

(Mailing address)

Chicago, IL 60601

(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)

Jennifer L. Kraft Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00

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