

M03000002236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

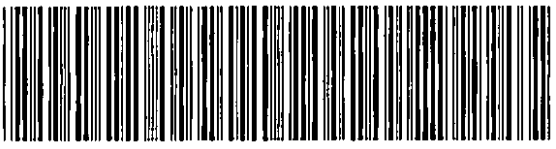
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
FILED  
2019 APR -5 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

19 APR -5 2:18:11

T.G.  
2/10/19

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

ACCOUNT NO. : I20000000195

REFERENCE : 710157 7381848

AUTHORIZATION

COST LIMIT : \$ 25.00



ORDER DATE : April 4, 2019

ORDER TIME : 10:03 AM

ORDER NO. : 710157-040

CUSTOMER NO: 7381848

FOREIGN FILINGS

NAME: SOMPO AMERICA INSURANCE  
SERVICES 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: Lydia Cohen - EXT# 62974

EXAMINER: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32309

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sompo America Insurance Services 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:

Fran Marsala  
(Name of Person)

Endurance Services Limited  
(Firm/Company)

4 Manhattanville Road  
(Address)

Purchase, NY 10577  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Fran Marsala at ( 914 ) 468-8602  
(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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Sompo America Insurance Services LLC

\_\_\_\_\_  
(Name of limited liability company)

North Carolina

\_\_\_\_\_  
(Jurisdiction of its organization)

06/30/2003

\_\_\_\_\_  
(Date registered with Florida Department of State)

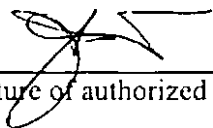
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\_\_\_\_\_  
(Florida Document Number)

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

Effective Date, if other than the date of filing: 01/01/2019 (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)

John Calotta, SVP

\_\_\_\_\_  
(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 APR - 5 AM 8:04

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AND  
FILED

**Filing Fee: \$25.00**