

M05000006253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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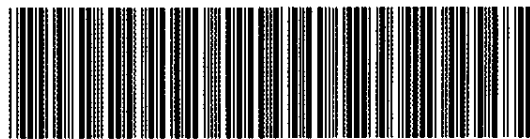
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB - 7 PM 12:51

B. KOHR

FEB - 7 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 510004 4385593

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ORDER DATE : September 15, 2010

ORDER TIME : 8:21 AM

ORDER NO. : 510004-005

CUSTOMER NO: 4385593

FOREIGN FILINGS

NAME: ALLIED NORTH AMERICA INSURANCE
BROKERAGE OF FLORIDA, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB -7 PM 12:31

Allied North America Insurance Brokerage of Florida, LLC

(Name of limited liability company)

Delaware

(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.

c/o Daniel Kasten, Senior Counsel, Litigation Dept., Aon Service Corporation
200 E. Randolph Street, 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.

Jennifer L. Kraft

(Signature of member or authorized representative of a member)

Jennifer L. Kraft, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00