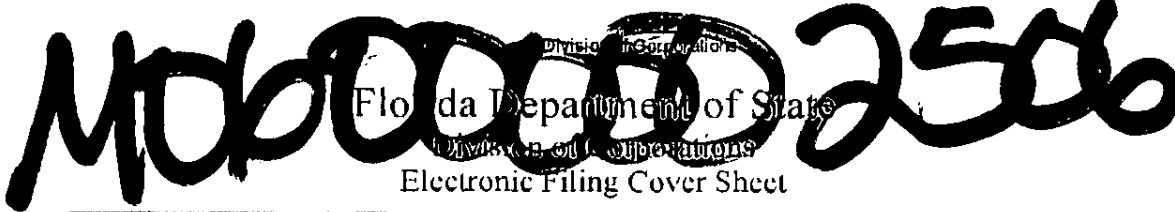


2/28/2017



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000559103)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL  
PLANCO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED  
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TALLAHASSEE, FLORIDA  
17 FEB 28 AM 9:42

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MAR 01 2017

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Planco, I.L.C

(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:

Paulette Perry, Law Department

(Name of Person)

Planco, LLC

(Firm/Company)

One Hartford Plaza

(Address)

Hartford, CT 06155

(City/State and Zip Code)

For further information concerning this matter, please call:

Paulette Perry

(Name of Person)

860

547-3025

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

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SECRETARY OF STATE  
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Planco, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)


May 4, 2006

(Date registered with Florida Department of State)

M06000002506

(Florida Document Number)

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

  
(Signature of authorized representative)

Lisa Levin, Corporate Secretary    Member, Hartford Life and Accident Insurance Company  
(Typed or printed name of signee)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 28 AM 9:42

Filing Fee: \$25.00