

M 06000004714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

189 707671

Office Use Only



100161233401

10/13/09--01017--012 \*\*25.00

FILED

2009 OCT 22 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
OCT 22 2009  
EXAMINER

M 06000004714

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M/I 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:

Barb Kelley-Means

(Name of Person)

Title First Agency, Inc.

(Firm/Company)

555 S. Front St., #400

(Address)

Columbus, OH 43215

(City/State and Zip Code)

For further information concerning this matter, please call:

Barb Kelley-Means

(Name of Person)

at ( 614 )

583-1415

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 22 PM 1:18

FILED

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



555 S. Front Street - #400  
Columbus, Ohio 43215

(614) 224-9207  
Fax (614) 224-1423

October 7, 2009

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To whom it may concern,

Please be advised that M/I Insurance Agency, LLC , an Ohio limited liability company authorized to do business in your state is in the process of dissolving and winding up its affairs. Therefore, enclosed please find the necessary paperwork and company check for said dissolution. If you have any questions, please call me directly at 614-583-1415.

Thank you for your assistance.

Barb Kelly-Means  
Licensing Coordinator  
555 S. Front Street, Suite 400  
Columbus OH 43215  
Phone 614-583-1415  
Fax 614-360-0445  
[meansb@titlefirst.com](mailto:meansb@titlefirst.com)

FILED  
2009 OCT 22 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2009

BARB KELLEY-MEANS  
555 S. FRONT STREET, #400  
COLUMBUS, OH 43215

SUBJECT: M/I INSURANCE AGENCY, LLC  
Ref. Number: M06000004714

We have received your document for M/I INSURANCE AGENCY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 309A00032928

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 22 PM 1:18

FILED



555 S. Front Street - #400  
Columbus, Ohio 43215

(614) 224-9207  
Fax (614) 224-1423

October 20, 2009

Registration Section  
Attn: Marsha Thomas  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Subject: M/I Insurance Agency, LLC  
Ref. Number: M06000004714

Dear Ms. Thomas,

Reference your letter dated October 14, 2009; attached please find a completed Cover Letter and Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida. Also attached is the Articles of Dissolution for a Limited Liability Company form which was completed previously; I wasn't sure if we needed to return this form or not, so I went ahead and attached it. If not needed, please discard.

If you have any further questions, please contact me at 614-583-1415 or [meansb@titlefirst.com](mailto:meansb@titlefirst.com).

Thank you for your help with this matter.

Sincerely,

Barb Kelley-Means  
Licensing Coordinator

Att.

2009 OCT 22 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

M/I Insurance Agency, LLC

(Name of limited liability company)

Ohio

(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.

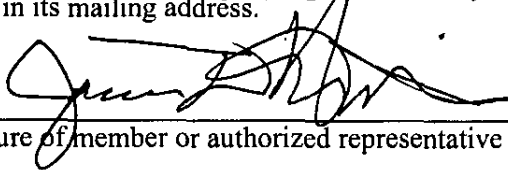
555 S. Front St., #400

(Mailing address)

Columbus, OH 43215

(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)

James D. Hewit

(Typed or printed name of signee)

**FILED**  
2009 OCT 22 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**