

**M06000004837**Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H11000281539 3)))



H110002815393ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

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

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368FILED  
2011 NOV 30 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDALLC DISSOLUTION OR WITHDRAWAL  
OAKBRIDGE INSURANCE SERVICES, LLC

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

RECEIVED

11 NOV 30 AM 7:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 1 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Oakbridge 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:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

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

Oakbridge Insurance Services, LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

M06000004837  
(Florida Document Number)


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.

200 E. Randolph, 20th 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)

Alexander Jezerski  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

FILED  
2011 NOV 30 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA