

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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) 878-5368

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14 JUL 15 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
COLEMONT INSURANCE BROKERS OF FLORIDA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 16 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colemont Insurance Brokers of Florida 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:

Heather Carpenter, Senior Paralegal - Am WINS Group, Inc.

(Name of Person)

Colemont Insurance Brokers of Florida, LLC

(Firm/Company)

4725 Piedmont Row Dr. Suite 600

(Address)

Charlotte, NC 28210

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Carpenter

(Name of Person)

704

at (

749-2752

) (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

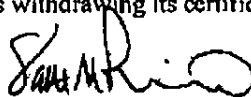
Colemont Insurance Brokers of Florida, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

9/14/2007
(Date registered with Florida Department of State)

M06000005042
(Florida Document Number)

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



(Signature of authorized representative)

Scott M. Purviance Vice President and Manager
(Typed or printed name of signee)

Filing Fee: \$25.00

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14 JUL 15 AM 7:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA