

M 06000005288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JB



TO: Secretary of State

FROM: Karen Wimbley
Supportive Insurance Services

RE: Certificate of Authority Withdrawal Application

Enclosed you will find the necessary requirements to withdraw the Certificate of Authority. The certificate should be forwarded to:

Supportive Insurance Services, LLC
2735 Washington Ave
Vincennes IN 47591

If you require any additional requirements, please contact me at (618) 943-5199 or via email at klwimbley@supportiveinsurances.com.

Enclosures

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8/20/07 CR # 8585 \$30.00

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

Truck Insurance of America LLC

(Name of limited liability company)

Vermont

(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.

336 Water Tower Circle

(Mailing address)

Colchester VT 05446

(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)

Paul Calhoun

(Typed or printed name of signee)

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Filing Fee: \$25.00