

MD6000005293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

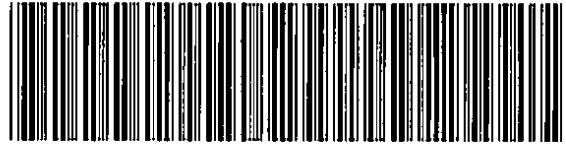
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 958860 8307562
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : August 28, 2023
ORDER TIME : 9:04 AM
ORDER NO. : 958860-035
CUSTOMER NO: 8307562

FOREIGN FILINGS

NAME: DUBRASKI & ASSOCIATES
INSURANCE SERVICES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Dubraski & Associates Insurance Services, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

09/25/2006

(Date registered with Florida Department of State)

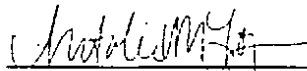
M06000005293

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Natalie Logan

(Typed or printed name of signee)

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Filing Fee: \$25.00