Florida Department of State

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.

(((H14000077905 3)))



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)878-5368

LLC DISSOLUTION OR WITHDRAWAL AMWINS BROKERAGE OF THE MID-ATLANTIC, LLC

BENORESCHOE OF THE	E NEED TEXABLE
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR - 2 2013

T. HAMPTON

	C	OVER LETTE	R
	on Section f Corporations		
SUBJECT: AmW	INS Brokerage of the Mid-	Atlantio, LLC	
	(Name of P	oreign Limited Liability	Company)
Dear Sir or Madem	:		
The enclosed withd	rawal and fee(s) are submitt	ed for filing.	
Piense return all con	respondence concerning thi	s matter to the followin	g:
Heather Carpenter	•	·	
·	(Name of Person)		-
AmWINS Brokera	ge of the Mid-Atlantic, LLC	;	
	(Firm/Company)		_
4725 Pladmont Ro	w Drive, Suite 600		
-	'(Address)		-
Charlotte, NC 2821	0		
	(City/State and Zip Co	do)	•
For further informat	ion concerning this matter, ;	olease call;	
Heather Carpenter		704 et (749-2752
(N	ame of Person)		Daytime Telaphone Number)
Registration Division of Clifton Bul 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
C \$25 Filing Fee	C1 \$30 Filing Fee & Certificate of Status	Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AmWINS Brokerage of the	Mid-Atlantic, LLC
	(Name of limited liability company)
New Jersey	
	(Jurisdiction of its organization)
9/26/2006	
· · · · · · · · · · · · · · · · · · ·	(Date registered with Florida Department of State)
M06000005316	
	(Florida Document Number)
This limited liability con	npany is withdrawing its certificate of authority in this state.
	(Signature of authorized representative)
	(algustate of authorized representative)
Scott M. Pu	rvience Manager
	(Typed or printed name of signes)

Filing Fee: \$25,00

SECRETARY OF STATE TALLAHASSEE, FLORIDA