

7706000005342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

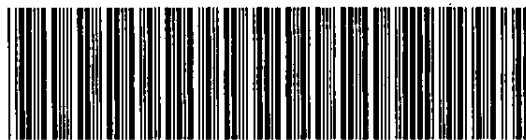
Special Instructions to Filing Officer:

A. LUNT

NOV 27 2012

EXAMINER

Office Use Only



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11/26/12--01007--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 26 PM 4:27

FILED

**MARSH &
MCLENNAN**
AGENCY

Marsh & McLennan Agency LLC
66 Route 17
PO Box 285
Paramus, NJ 07653-0285
+1 201 845 6600 • Fax +1 866 795 0931
+1 800 NIA 0106
www.niagroup.com

November 16, 2012

FL Department of State
Division of Corporations
ATTN: Registrations
P.O. Box 6327
Tallahassee, FL 32314

**Subject: Withdraw Authority of The NIA Group, LLC from conducting
Business in the State of Florida**

To Whom It May Concern:

Herewith, please find attached an Application by Foreign Limited Liability Company for
Withdrawal of Authorization to Transact Business in Florida under the name of The NIA
Group, LLC.

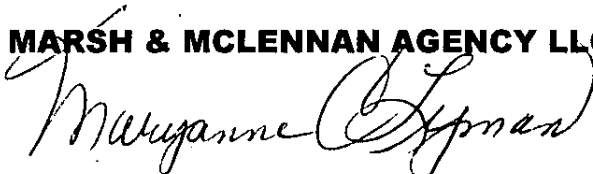
This request is to become effective immediately. All appropriate documentation has been
attached including a check in the amount of \$25.00 to serve as filing fee for this withdrawal.

If you should have questions relative to the above please contact the undersigned at (201)
336-1290 or you may correspond through my email address: mlyman@niagroup.com.

Thank you for your assistance in this matter.

Very truly yours,

MARSH & MCLENNAN AGENCY LLC



Maryanne C. Lyman, HIPAAA
Contract & Licensing Manager

MCL:ihd
Enclosures

Copy: Kimberly Moret, Corporaate Service Company
Steven L. Grossberg, Regional President & CEO

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TALLAHASSEE, FL 32314
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The NIA Group, 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:

Maryanne C. Lyman, Contract & Licensing Manager

(Name of Person)

c/o Marsh & McLennan Agency LLC

(Firm/Company)

66 Route 17 North

(Address)

Paramus, NJ 07652

(City/State and Zip Code)

For further information concerning this matter, please call:

Maryanne C. Lyman

(Name of Person)

at (201)

336-1290

(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

FILED
2012 MAY 26 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The NIA Group, LLC

(Name of limited liability company)

Delaware Limited Liability Company - domiciled in New Jersey

(Jurisdiction of its organization)

M06000005342

(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.

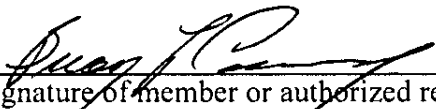
66 Route 17 North

(Mailing address)

Paramus, New Jersey 07652

(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)

Brian P. Cassidy

(Typed or printed name of signee)

FILED
2012 SEP 26 PM 4:27
DEPT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00