

MD6000005366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

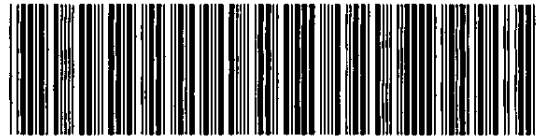
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 10 PM 1:17

G. MCLEOD

MAR 11 2008

EXAMINER



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

GENA BRADSHAW, FLMI
Chief Executive Officer

W.H.L. WOODYARD IV
Chief Operating/Financial Officer

March 3, 2008

Florida Dept. of State
Division of Corporations
2661 Executive Center Cr. W
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed, please find the necessary documents to withdraw **Senior Benefit Services of Kansas, LLC., not** to do business in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,


Patricia Torres
Corporate Qualification Division

/pt

Enclosures

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

Senior Benefit Services of Kansas, LLC

(Name of limited liability company)

Kansas

(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.

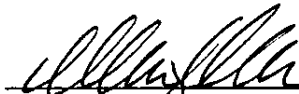
555 Kansas Avenue

(Mailing address)

Topeka, KS 66603

(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)

MICHAEL RUIZ, EVP OF Americas Annuity Group,
(Typed or printed name of signee) *Sole Member*

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