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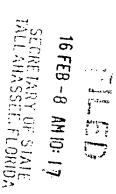
| or's Name) | | | | | |
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| e/Zip/Phone #) | | | | | |
| WAIT MAIL | | | | | |
| Entity Name) | | | | | |
| · | | | | | |
| (Document Number) | | | | | |
| Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| | gistration vision of | Section Corporations | | |
|--|-------------------------|---|---------------------------------------|---|
| SUBJECT: | Insure | America, LLC | | |
| Sebule 1. | · | (Name of For | reign Limited Liability | Company) |
| Dear Sir or | Madam: | | | |
| The enclose | d withdra | wal and fee(s) are submitte | d for filing. | |
| Please return | n all corre | spondence concerning this | matter to the following | 3: |
| John No | el | | | |
| | | (Name of Person) | | - |
| внтр | | | | |
| | | (Firm/Company) | | _ |
| 1145 Cla | ırk Stre | et | | |
| | | (Address) | | - |
| Stevens | Point, V | VI 54481 | | |
| | | (City/State and Zip Cod | le) | |
| For further i | informatio | n concerning this matter, p | lease call: | |
| Chris Glo | ock | | 715 at (| 341-5630 |
| | (Na | me of Person) | | k 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 i | or the following amount: | | |
| \$25 Filin | g Fee | □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Insure America, LLC | | |
|---|-------------|----------|
| (Name of limited liability company) | <u></u> | _ |
| Wisconsin | | |
| (Jurisdiction of its organization) | | _ |
| April 23, 2007 | | |
| (Date registered with Florida Department of State) | | _ |
| M07000002336 | | |
| (Florida Document Number) | | _ |
| This limited liability company is withdrawing its certificate of authority in this state. | | |
| (Signature of authorized representative) | 16 F | |
| John M. Noel | FEB- | ing true |
| (Typed or printed name of signee) | IN IS 40 XX | |

Filing Fee: \$25.00