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SECRETARY OF STATE
SECRETARY OF FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: Infinity Financial Centers, 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:
Darlene King
(Name of Person)
Infinity Insurance
(Firm/Company)
3700 Colonnade Parkway
(Address)
Birmingham, AL 35243
(City/State and Zip Code)
For further information concerning this matter, please call:
Darlene King at (205) 803-8390
(Name of Person) (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 \$\times\$\$30 Filing Fee & \$\times\$\$\$\$ \$55 Filing Fee & \$\times\$\$\$\$\$ Certificate of Status & Certified Copy & Certified Copy

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

INFINITY FINANCIAL CENTERS, LLC
(Name of limited liability company)
DELAWARE
(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.
3700 Colonnade Parkway
(Mailing address)
Birmingham, AL 35243 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
AAU) = 3
(Signature of member or authorized representative of a member)
Samuel J. Simon, EVP General Counsel
(Typed or printed name of signee)
(Typed or printed name of signee) FLORED CF STATE CF
REPORT OF THE RE

Filing Fee: \$25.00