

## 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.

(((H13000198336 3)))



H130001983363ABC1

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:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL TRIBAL NATION INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

MATON

## **COVER LETTER**

	•			
TO				
SUDJE	CT: Tribal?	Nation Insurance Services, L (Name of Fo	LC reign Limited Liability (	Company)
Dear Si	Division of Corporations  SUBJECT: Tribal Nation Insurance Services, LLC  (Name of Foreign Limited Liability Company)  Dear Sir or Madam:  The eaclosed withdrawal and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  (Name of Person)  (Pirm/Company)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please cell:  (Name of Person)  at (			
The end				
Please	return all con	espondence concerning this	matter to the following	•
*				
		(Name of Person)		
		(Firm!Communu)		·
		(Print Company)		·
	<del></del>	(Address)		
		Ation Insurance Services, LLC  (Name of Foreign Limited Liability Company)  wal and fee(s) are submitted for filing.  sepondence concerning this matter to the following:  (Name of Person)  (Firm/Company)  (Address)  (City/State and Zip Code)  on concerning this matter, please call:  me of Person)  At (Area Code & Daytime Telephone Number)  OURIER ADDRESS:  Section  Corporations  Ing  P.O. Box 6327  Tallahassee, Florida 32314  for the following amount:  1 \$30 Filing Fee & \$\frac{1}{2}\$55 Filing Fee & \$\frac{1}{2}\$60 Filing Fee,		
For furt	lier informati	on concerning this matter, p	lease call:	•
				)
	(1)	ame of Person)	(Arca Code &	Daytims Telephone Number)
	Registration Division of Clifton Buil 2661 Baccu	n Section Corporations Iding Itiva Conter Cirola	Registi Divisk P.O. B	retion Section on of Corporations ox 6327
Euclose	ed is a check	for the following amount:		
<b>CI \$2</b> 5 ]	Filing Fee			

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

Tribal Nation Insurance Services, LLC (Name of limited liability company)	
Connecticut	
(Jurisdiction of its organization)	1 7 5
M08000002866	
(Florida Document Number)	:
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	and surrenders its
This limited liability company revokes the authority of its registered agent to a behalf and appoints the Department of State as its agent for service of proces of action arising during the time it was authorized to transact business in Flori	accept service on its ss based on a cause da.
220 S. Ridgowood Ave. (Malling address)	<b></b> .
Daytona Beach, PL 32114 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the f in its mailing address.	ulure of any change
Signature of member or authorized representative of a member)	
Laurel L. Grammig (Typed or printed name of signce)	
	•
	13 \$ SECRE
,	#S. 19

Filing Fee: \$25.00