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To:

Division of Corporations

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FCA000000023

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A C T CORPORATION SYSTEM

STREET

PRESCUEST

Prom:

Account Name

Account Number : FCA000000023 Phone

Fax Number

LLC DISSOLUTION OR WITHDRAWAL ROYAL PALM INSURANCE MANAGERS, LLC

| | Certificate of Status | 0 |
|----------|-----------------------|---------|
| | Certified Copy | 1 |
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COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: Royal Palm Insurance Managers, L | LC | | | |
|---|-------------------|---|-------|-----------------------|
| (Name of Fore | ign Limited Liz | ability Company) | | |
| Dear Sir or Madam: | | | | |
| The enclosed withdrawal and fee(s) are submitted | l for filing. | | | |
| Please return all correspondence concerning this t | matter to the fol | llowing: | | |
| William B. Hobbs | | | | |
| (Name of Person) | | | | |
| c/o Ritchie Capital Management, L.L.C. | | | | |
| (Firm/Company) | | | | |
| 120 North Hale Street, Suits 300 | | | | |
| (Address) | | | | |
| Wheaton, IL 60187 | | | | |
| (City/State and Zip Code |) | | 1.1 | and the second second |
| For further information concerning this matter, pl | case call: | | | |
| William B. Hobbs | at (630 | 315-5700 | | |
| (Nume of Person) | (Arca | Code & Daytime Telephone Nu | mber) | |
| STREET/COURIER ADDRESS: Registration Section | | MAILING ADDRESS: Registration Section | | • • |
| Division of Corporations Clifton Building | | Division of Corporations P.O. Box 6327 | • | ~ |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | | Tallahassee, Florida 32314 | • | • • |

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S25 Filing Fee

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© \$60 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

□ \$30 Filing Fee & Certificate of Status

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

| Royal Palm Insurance Managers, LLC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| M08000003921 |
| (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. |
| c/o Ritchie Capital Management, L.L.C., 120 North Hale Street, Suite 300 |
| (Mailing address) |
| Wheaton, IL 60187 |
| (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 of authorized representative of a member) |
| Paul S. Wolfe |
| (Typed or printed name of signee) |
| TALL SECO |

Filing Fee: \$25.00

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