

MD8000004249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

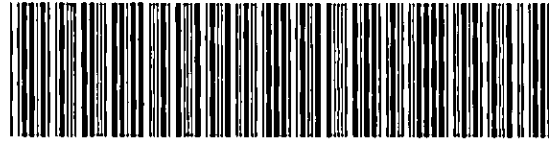
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800359278648

2021 MAR 18 AM 8:17

MD

2021 MAR 18 PM 2:21

O SIMMONS

MAR 19 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 651780 7932270

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 8, 2021

ORDER TIME : 9:28 AM

ORDER NO. : 651780-045

CUSTOMER NO: 7932270

FOREIGN FILINGS

NAME: CB INSURANCE, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CB Insurance Agency, 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:

Cliff Raak

(Name of Person)

Bushwood Holdings, Inc.

(Firm/Company)

1 South Nevada Ave, Ste 200

(Address)

Colorado Springs, CO 80903

(City/State and Zip Code)

For further information concerning this matter, please call:

Cliff Raak

(Name of Person)

719 228-1085
at (_____) _____
(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2021 FEB 18 AM 8:17

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CB Insurance Agency, LLC

(Name of limited liability company)

Colorado

(Jurisdiction of its organization)

09/18/2008

(Date registered with Florida Department of State)

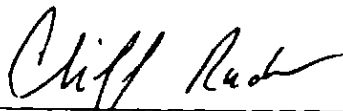
M08000004249

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 12/31/2020 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Cliff Raak

(Typed or printed name of signee)

Filing Fee: \$25.00