

1109000003193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

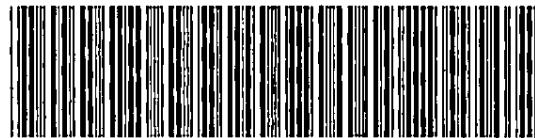
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 DEC 29 AM 10:56

K. SALY
JAN - 4 2018



December 28, 2017

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

RE: NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY
STATE OF FLORIDA

Please approve the Application for Withdrawal of Certificate of Authority for American Westbrook Insurance Services in the state of Florida. Enclosed are the following:

1. Application for Withdrawal
2. Check in the amount of \$30

Please return the approved information to:

American Westbrook Insurance Services
c/o Herbert L. Jamison & Co., LLC
20 Commerce Dr., Second Floor
Cranford, NJ 07016
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence
Vice President
Ph 973.669.2301
Fax 973.731.8439
slawrence@jamisongroup.com

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Westbrook Insurance Services, 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:

Steve Lawrence

(Name of Person)

American Westbrook Insurance Services, LLC

(Firm/Company)

c/o Herbert L Jamison & Co., LLC 20 Commerce Dr., Ste 200

(Address)

Cranford, NJ 07016

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Lawrence

(Name of Person)

973
at ()

669-2301

(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

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 DEC 29 AM 10:54

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

American Westbrook Insurance Services, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

8/17/09

(Date registered with Florida Department of State)

M09000003193

(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: December 31, 2017 (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)

Dean Curtis, EVP

(Typed or printed name of signee)

Filing Fee: \$25.00