

MD9000003493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

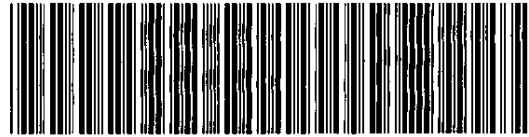
Special Instructions to Filing Officer:

L. SELLERS

JUL 14 2010

EXAMINER

Office Use Only



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07/12/10--01002--009 **25.00

FILED

10 JUL 12 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



July 1, 2010

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

Dear Sirs,

Enclosed please find an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for our company, Secure Legacy Insurance, LLC. Please note that after starting our company, we were never able to procure business in the state of Florida. Therefore, we are including this letter to explain our reasoning for closing our company.

If there is anything else required to terminate our business in Florida, please contact us by telephone or by return mail at the address below. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Anne Marie McRae-Tabb".

Anne Marie McRae-Tabb

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Secure Legacy 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:

Anne Marie McRae-Tabb
(Name of Person)

Premier Advantage Insurance Agency, LLC
(Firm/Company)

384 Inverness Parkway, Suite 160
(Address)

Englewood, CO 80112
(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Marie McRae-Tabb at (303) 979-4544
(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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

Secure Legacy Insurance Services, LLC

(Name of limited liability company)

Colorado - Douglas County

(Jurisdiction of its organization)

M09000003493

(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.

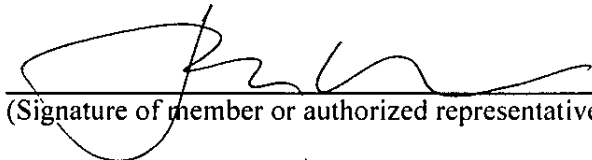
384 Inverness Parkway, Suite 160

(Mailing address)

Englewood, CO 80112

(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 or authorized representative of a member)

Joseph A. Weber, Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA