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SECRETARY OF STATE.

APR 2 3 2013 T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Klepach Insurance 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:

Brandi McKenzie

(Name of Person)

Proskauer Rose LLP

(Firm/Company)

2255 Glades Road, 421A

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Brandi McKenzie

561

995-4747

(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 S55 Filing Fee & Certified Copy

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



March 31, 2014

BRANDÍ MCKENZIE PROSKAUER ROSE LLP 2255 GLADES RD - 421A BOCA RATON, FL 33431

SUBJECT: KLEPACH INSURANCE LLC

Ref. Number: M1000000187

We have received your document for KLEPACH INSURANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 614A00006803

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

Brandi O. McKenzie Project Assistant d 561.995.4747 f 561.241.7145 bmckenzie@proskauer.com www.proskauer.com

April 18, 2014

Certified Mail, Return Receipt Requested

No. 7009 2250 0000 8348 5371

Florida Division of Corporations Attn: Tammy Hampton P.O. Box 6327

Tallahassec, FL 32314

Re: Klepach Insurance LLC

Certificate of Withdrawal - Resubmission

Dear Tammy:

We are in receipt of your letter dated March 31, 2014 (copy enclosed). As requested, enclosed is the revised Notice of Withdrawal of Certificate of Authority for Klepach Insurance LLC. Your letter indicated that you have held our check for the \$25.00 fee. Please process the Certificate and forward confirmation of the withdrawal.

Please contact me at 561-995-4747 if you have questions.

Sincerely yours,

Enclosures

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Klepach Insurance LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
January 14, 2010
(Date registered with Florida Department of State)
M1000000187
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Signature of authorized representative) Isaac Mitrani, Manager
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED

SECRETARY OF STATE