

M10000005224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

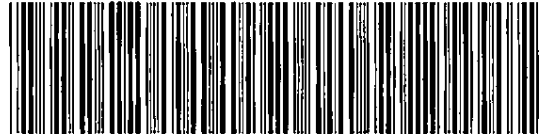
(Business Entity Name)

(Document Number)

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[Handwritten signature]

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

ACCOUNT NO. : I20000000195
REFERENCE : 081510 4369536
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : October 26, 2022
ORDER TIME : 9:13 AM
ORDER NO. : 081510-005
CUSTOMER NO: 4369536

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2022 OCT 27 AM 9:28
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: DST INSURANCE SOLUTIONS, 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: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DST Insurance Solutions, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/29/2010

(Date registered with Florida Department of State)

M10000005226

(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: _____ (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.

DocuSigned by:

John Geli

B4AC8EEC84BC451

(Signature of authorized representative)

John Geli

(Typed or printed name of signee)

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Florida Department of State, FL

Filing Fee: \$25.00