

111000001764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

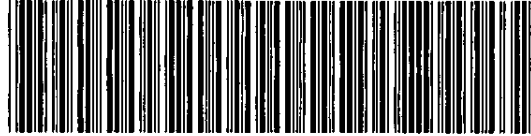
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2015 AUG 24 P 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 25 2015
J. BRUCE

August 20th, 2015

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

Re: Withdrawal and Cancel the Certificate of Authority of Delaware Foreign LLC
Christian Insurance Network; Florida Document Number M11000001764

Enclosed please find a \$30.00 check for the Filing Fee and Certificate of Status,
made payable to the "Florida Department of State"

Please feel free to contact me, via phone or email, with any questions or
concerns.

I thank you for your assistance.

Sincerely,



Max Lewis
Office: (800) 407-0109 x 4023
Fax: (561) 997-8205
Email: max@medcareinc.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRISTIAN INSURANCE NETWORK, 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:

MAX LEWIS

(Name of Person)

MED-CARE DIABETIC & MEDICAL SUPPLIES, INC.

(Firm/Company)

901 YAMATO RD STE 101

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

MAX LEWIS

(Name of Person)

at 888 777-0737
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CHRISTIAN INSURANCE NETWORK, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

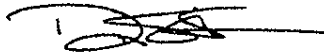
04/07/2011

(Date registered with Florida Department of State)

M11000001764

(Florida Document Number)

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



(Signature of authorized representative)

DR. STEVEN SILVERMAN

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 24 P 3:52

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Filing Fee: \$25.00