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Ia Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (352) 617-6283

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WETHDRAWAL
LEXISNEXIS INSURANCE EXCHANGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
17 SEP 16 AM 9:58
DIVISION OF CORPORATIONS

2017 SEP 18 PM 2:16

ALLAHASSEE, FLORIDA

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Corporate Filing Menu

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O SIMMONS
SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LexisNexis Insurance Exchange 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:

Renee Simonton

(Name of Person)

RELX

(Firm/Company)

1105 North Market St., Suite 501 - RELX

(Address)

Wilmington, DE 19801

(City/State and Zip Code)

For further information concerning this matter, please call:

Renee Simonton

(Name of Person)

302

8848311

at ()

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LexisNexis Insurance Exchange LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

04/21/2011

(Date registered with Florida Department of State)

M11000002015

(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: 9/30/2017 (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)

Renee Simonon

(Typed or printed name of signee)

17 SEP 16 AM 9:52
DIVISION OF CORPORATE STATE

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Filing Fee: \$25.00