## M1100003561

(Re	equestor's Name)		
(Ac	ldress)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
LAUREL INSURANCE BR	ROKERS				
	reign Limited Liabili	ty Company)	<del></del>		
Dear Sir or Madam:					
The enclosed withdrawal and fee(s) are submitted	ed for filing.				
Please return all correspondence concerning this	matter to the follow	ing:			
MCKENNA TODD					
(Name of Person)		<del></del>			
LAUREL INSURANCE BROKERS, I	LLC		TA LETA	2015 MAY 13	care in
(Firm/Company)		<del></del>	HA'S	MY I	******
3104 E CAMELBACK RD #804			14 33S 340 A A	PH	
(Address)		<del></del>	ORIO ORIO		Anna L
PHOENIX, AZ 85016			(T)	9	
(City/State and Zip Coo	le)				
For further information concerning this matter, p	olease call:				
MCKENNA TODD	480 at (	223-9572			
(Name of Person)	(Area Cod	e & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
Enclosed is a check for the following amount:					
\$25 Filing Fee \$30 Filing Fee & Certificate of Status    other of asknowledgment.	□ \$55 Filing Fee & Certified Copy	& □ \$60 Filing Fee, Certificate of Status & Certified Copy	:		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LAUREL INSURANCE BROKERS, LLC			
(Name of limited liability company)			-
NEVADA	MI	2015 MAY	
(Jurisdiction of its organization)	33.75 21.75	X	-
07/14/2011	ASS ASS	Y   3	-
(Date registered with Florida Department of State)	E C		- 6.
M11000003561	F S 1	PH —	S. warma's
(Florida Document Number)	<b>5</b>	_	- *
This limited liability company is withdrawing its certificate of authority in this state.	-	<b>G</b>	
(Signature of authorized representative)			
KENNETH KIRK			
(Typed or printed name of signee)			

Filing Fee: \$25.00