5/18/2018



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000154560 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION : STEM

Account Number : FC4000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

LLC DISSOLUTION OR WITHDRAWAL CHS INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	U
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

CHS Insurance Se	ervices, LLC	
	(Name of limited liability company)	
Minnesota		
	(Jurisdiction of its organization)	
08/21/2012	(Date registered with Florida Department of State)	
M12000004729	(======================================	
M12000004729	(Florida Document Number)	
This limited lia	ability company is withdrawing its certificate of authority in this state.	
(If an effective more than 90 d Note: If the da	c, if other than the date of filing:	
SELECTION OF THE SE	(Signature of authorized representative) Ernest Newborn (Typed or printed name of signee)	FILED

Filing Fee: \$25.00

12 $q^{(i)}$

FL070 - 12/25/2017 C T Filling Manager Online