M170000 03627

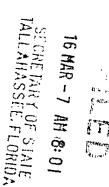
(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bı	usiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registratio Division of	Corporations	· · ·	·
Sele	ctSolutions Insurance	Services, LLC	
30baec1	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:		,	
The enclosed withdi	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the following	;:
Joki Kale			
	(Name of Person)		-
SelectSolutions	s Insurance Services,	LLC	
	(Firm/Company)		<u>.</u>
1350 Carlback	Ave		
	(Address)		
Walnut Creek,	CA 94596		
	(City/State and Zip Coo	le)	-
For further informat	ion concerning this matter, p	lease call:	
Joki Kale		925 at (295-2524
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Exect	Corporations	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, Florida 32314
Enclosed is a check	for the following amount:	t	
■ \$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

SelectSolution	s Insurance Services, LLC			
	(Name of limited liability company)			_
Delaware				
	(Jurisdiction of its organization)			_
05/14/2013				
	(Date registered with Florida Department of State)			_
M1300000302	3			
	.(Florida Document Number)	<u>.</u> .		_
This limited liab	ility company is withdrawing its certificate of authority in this sta	ate.		
		Ē _S	₹	
_	(Signature of authorized representative)	- C#	THE CO	
J	ohn R. Prichard Jr.	25.7	16 HAR -	g i mi
_	(Typed or printed name of signee)	Y OF STATE SEE FLORIDA	7 AH 8: 01	Annual Marie Control

Filing Fee: \$25.00