

M13000005644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

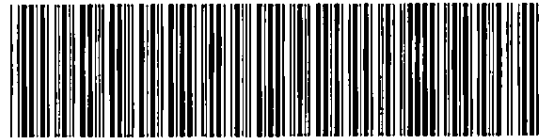
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JAN - 8 2025

Office Use Only



100441841081

FILED

2025 JAN - 7 PM 3:43

2025 JAN - 7 PM 3:55

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 810603 8394762

AUTHORIZATION :

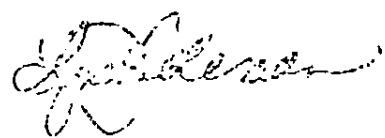
COST LIMIT : \$ 25.

ORDER DATE : December 4, 2024

ORDER TIME : 12:56 PM

ORDER NO. : 810603-025

CUSTOMER NO: 8394762



FOREIGN FILINGS

NAME: TRANSCAP INSURANCE AGENCY,  
LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XXX\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TransCap Insurance Agency, 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:

Laura Wick

\_\_\_\_\_  
(Name of Person)

EPIC

\_\_\_\_\_  
(Firm/Company)

3000 Executive Parkway, Suite 325

\_\_\_\_\_  
(Address)

San Ramon, CA 94583

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Wick

\_\_\_\_\_  
(Name of Person)

925

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

244-7720

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

TransCap Insurance Agency, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

08/30/2013

(Date registered with Florida Department of State)

M13000005644

(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: \_\_\_\_\_ (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)

Frank Mammaro

(Typed or printed name of signee)

Filing Fee: \$25.00

CSC 810603

FILED  
2015 JUN -7 PM 3:43  
CLERK OF COURT  
STATE OF FLORIDA