(Re	equestor's Name)
(Ac	idress)
(Ac	idress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only

7

\*



12/29/16--01009--017 \*\*25.00

16 DEC 29 AM 7:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_Evolution Insurance Brokers, LC

(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:

Juli Lloyd

(Name of Person)

**Evolution Insurance Brokers, LC** 

(Firm/Company)

PO Box 469

(Address)

Sandy, UT 84091-0469

1

(City/State and Zip Code)

For further information concerning this matter, please call:

Juli Lloyd		801 at (	304-5504
(N	ame of Person)		Z Daytime Telephone Number)
STREET/	COURIER ADDRESS:	МАН	LING ADDRESS:
Registratio	n Section	Regis	tration Section
Division of	Corporations	Divisi	ion of Corporations
Clifton Bui	lding	P.O. I	Box 6327
2661 Exec	utive Center Circle	Tallal	assee, Florida 32314
Tallahasse	e, Florida 32301		
Enclosed is a check	s 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

. .....

ŀ

1

**.** 

٠

.

,

,

Evolution Insurance Brokers	, LC	
	(Name of limited liability company)	
Utah		-
	(Jurisdiction of its organization)	
09/16/2013		
(Date r	registered with Florida Department of State)	
M13000005882		
	(Florida Document Number)	
	s withdrawing its certificate of authority in th Signature of authorized representative) (Typed or printed name of signee)	is state.

Filing Fee: \$25.00