

M13 0000006496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

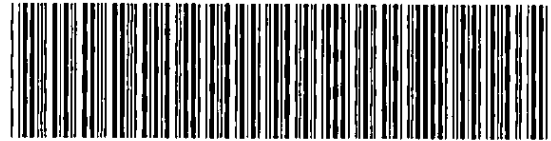
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG - 9 2024

Office Use Only



400428912714

RECEIVED
2024 AUG - 8 PM 3:41
TALLAHASSEE, FLORIDA

RECEIVED
2024 AUG - 8 PM 3:41
TALLAHASSEE, FLORIDA

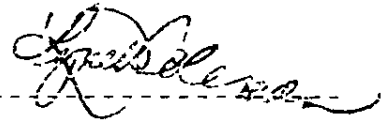
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 586229 7652832

AUTHORIZATION :

COST LIMIT : \$ 25.0



ORDER DATE : August 8, 2024

ORDER TIME : 1:35 PM

ORDER NO. : 586229-005

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: SAGANAW INSURANCE AGENCY, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Shauna Godbolt - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saganaw 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:

Halina A. Zawodni

(Name of Person)

Faegre Drinker Biddle & Reath LLP

(Firm/Company)

320 South Canal Street, Suite 3300

(Address)

Chicago, Illinois 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Halina A. Zawodni

(Name of Person)

312

at ()

356-5032

(Area Code & Daytime Telephone Number)

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

2012 APR 10 11:09:56

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Saganaw Insurance Agency, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/30/2012

(Date registered with Florida Department of State)

M13000006796

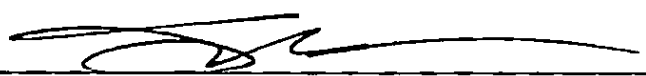
(Florida Document Number)

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)

Stephen M. Coons

(Typed or printed name of signee)

Filing Fee: \$25.00

586229-5