

(Re	equestor's Name)				
(Ad	idress)				
(Ad	ldress)	<u> </u>			
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
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February 19, 2016

REGISTRATION SECTION DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

RE: Notice of Withdrawal of Certificate of Authority

Dear Sir or Madam:

Enclosed is a completed Notice of Withdrawal of Certificate of Authority for Sage Producers Services, LLC and a filing fee of \$25.

Please feel free to contact me if there are any questions about the submission

Sincerely,

Miya M. Reichwald

Counsel

480-425-5100 ext. 5654

miya_reichwald@Sagicor.com

COVER LETTER

	egistration Sivision of C					
ע	ivision of C	orporations				
CUP ID CT	Sage F	Producer Services, I	LLC			
SUBJECT	·	(Name of For	reign Limited Liability	Company)		
Dear Sir or	r Madam:					
The enclos	sed withdraw	al and fee(s) are submitte	d for filing.			
Please retu	ırn all corres	pondence concerning this	matter to the followin	g:		
James (Golembie	wski				
		(Name of Person)		_		
Sagicor	Life Insu	rance Company				
	•	(Firm/Company)		_		
4343 N.	. Scottsda	ale Rd, Suite 300				
		(Address)		_		
Scottsda	ale, AZ 8	5251				
-		(City/State and Zip Cod	le)	_	2018 7355 17455	
For further	· informatior	concerning this matter, p	lease call:		AND FEB	taranga taranga
Miya M.	. Reichwa	ıld	480	425-5100 ext 56	N .	- Contraction
	(Nam	e of Person)	at ((Area Code of) & Daytime Telephone Numb	per) _{for} ,	<u> </u>
					35 do	-
S	STREET/COURIER ADDRESS: MAII		LING ADDRESS:			
	egistration S			stration Section		
	ivision of Co			sion of Corporations		
	lifton Buildi	ng /e Center Circle		Box 6327 hassee, Florida 32314		
		lorida 32301	Tana	nassee, Piorida 32314		
Enclosed i	s a check fo	r the following amount:				
\$25 Filis	ng Fee	□ \$30 Filing Fee &	□ \$55 Filing Fee &	□ \$60 Filing Fee,		
	-	Certificate of Status	Certified Copy	Certificate of Status	s &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sage Producer Services, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	_
02/17/2014	
(Date registered with Florida Department of State)	_
M14000001115	
(Florida Document Number)	_
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative) James Golembiewski (Typed or printed name of signee)	e de la composition della comp
(Typed or printed name of signee)	

Filing Fee: \$25.00