

M15000004223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

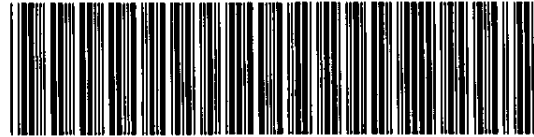
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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# **CAPACITY COVERAGE COMPANY OF NEW JERSEY, INC.**

Insurance and Financial Services

October 28, 2016

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

Re: Transportation Insurance Professionals, LLC  
FEIN # 47-2357937

To whom it may concern:

Please find the enclosed Application for Certificate of Withdrawal for the above mentioned entity along with check # 1422 in the amount of \$25 for filing fees. The company has ceased doing business in the state and no longer requires the registration. Please direct all correspondence to my attention at the address below. If you have any questions or if you require any additional information please contact me at 201-661-2348 or at [csallay@capcoverage.com](mailto:csallay@capcoverage.com).

Sincerely,



Cynthia Sallay  
Corporate Compliance Administrator

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transportation Insurance Professionals, 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:

Cynthia Sallay - Compliance Administrator

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

The Capacity Group

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

1 International Boulevard, Suite 300

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

Mahwah, NJ 07495

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

For further information concerning this matter, please call:

Cynthia Sallay at (201) 661-2348  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**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

Transportation Insurance Professionals, LLC

(Name of limited liability company)

Delware

(Jurisdiction of its organization)

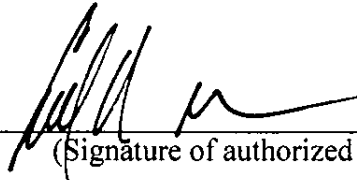
May 28, 2015

(Date registered with Florida Department of State)

M15000004223

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Carl Gerson

(Typed or printed name of signee)

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

16 NOV - 1 PM 1:57

FILED

**Filing Fee: \$25.00**