

M16000004116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

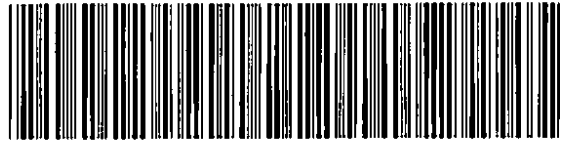
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600315500356

FILED


18 AUG -3 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 AUG -3 PM 4:09

SIMMONS  
AUG 06 2018

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

ACCOUNT NO. : I20000000195  
REFERENCE : 332869 7941640  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

---

ORDER DATE : August 3, 2018  
ORDER TIME : 2:56 PM  
ORDER NO. : 332869-020  
CUSTOMER NO: 7941640

---

FOREIGN FILINGS

NAME: ACRIPRO 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: Emily Croft - EXT# 62925

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_  
(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:

Trish Partin

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

Acipro Insurance Agency, LLC

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

5664 Prairie Creek Dr.

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

Caledonia, MI 49316

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

For further information concerning this matter, please call:

Trish Partin

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

616 541-1418  
at (\_\_\_\_\_) \_\_\_\_\_  
(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Acipro Insurance Agency, LLC

(Name of limited liability company)

Michigan

(Jurisdiction of its organization)

May 24, 2016

(Date registered with Florida Department of State)

M16000004116

(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.

Adam C. Reed

(Signature of authorized representative)

Adam C. Reed

(Typed or printed name of signee)

**Filing Fee: \$25.00**

FILED  
AUG -3 AM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA