

**M 16000004904**

\_\_\_\_\_  
(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



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06/12/17--01031--024 \*\*60.00

FILED  
17 JUN 12 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. WARREN**

**JUN 12 2017**



June 8, 2017

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

RE: NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY  
STATE OF FLORIDA

Please approve the Application for Withdrawal of Certificate of Authority for Elevon Aviation Insurance Solutions, LLC in the state of Florida. Enclosed are the following:

1. Application for Withdrawal
2. Check in the amount of \$60

Please return the approved information to:

Elevon Aviation Insurance Solutions, LLC  
c/o Herbert L. Jamison & Co., LLC  
20 Commerce Dr., Second Floor  
Cranford, NJ 07016  
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence  
Vice President  
Ph 973.669.2301  
Fax 973.731.8439  
slawrence@jamisongroup.com

Encl.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elevon Aviation Solutions, 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:

Steve Lawrence

(Name of Person)

Herbert L. Jamsion & Co., LLC

(Firm/Company)

20 Commerce Dr., Suite 200

(Address)

Cranford, NJ 07016

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Lawrence

(Name of Person)

at ( 973 ) 669-2301

(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 checked="" type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|---|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Elevon Aviation Insurance Solutions, LLC

(Name of limited liability company)

GA

(Jurisdiction of its organization)

6/20/16

(Date registered with Florida Department of State)

M16000004904

(Florida Document Number)

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



(Signature of authorized representative)

Dean Curtis, SVP

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
17 JUN 12 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA