

MI7000007152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

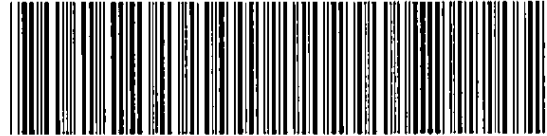
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only




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FILED
19 OCT 16 PM 11:45
19 OCT 16 PM 3:42

K. SALLY
OCT 17 2019

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

ACCOUNT NO. : I20000000195
REFERENCE : 012833 7647236
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : October 16, 2019
ORDER TIME : 3:59 PM
ORDER NO. : 012833-045
CUSTOMER NO: 7647236

FOREIGN FILINGS

NAME: ACA RISK STRATEGIES, 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: Amanda Robinson - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACA Risk Strategies, 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:

Legal Department

(Name of Person)

ACA Compliance Group

(Firm/Company)

8401 Colesville Road, Suite 700

(Address)

Silver Spring, MD 20910

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Steinhilber

(Name of Person)

301

at (_____) _____

(Area Code & Daytime Telephone Number)

495-7850

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ACA Risk Strategies, LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

8/21/2017

(Date registered with Florida Department of State)

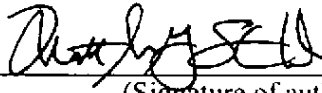
M17000007152

(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)

Matthew Steinhilber, General Counsel & Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00