## M18000005097

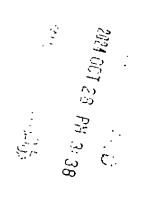
·	(Requestor's Name)			
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## **COVER LETTER**

• • • • •

	sion of C	orporations		
SUBJECT:	Prime R	isk Partners Insurance	Agency, LLC	
		(Name of For	eign Limited Liability	Company)
Dear Sir or M	fadam;			
The enclosed	withdraw	al and fee(s) are submitte	d for filing.	
Please return	all corres	pondence concerning this	matter to the followin	g:
Laura Wick				
		(Name of Person)		_
Edgewood I	Partners	Insurance Center		
		(Firm/Company)		_
3000 Execu	itive Park	way, Suite 325		
		(Address)		_
San Ramon	i, CA 945	583		
		(City/State and Zip Cod	e)	_
For further in	formatio	concerning this matter, p	lease call:	
Laura Wick		925 at (	244-7720	
	(Nam	e of Person)	(Area Code &	& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a	i check fo	r 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

Prime Risk F	Partners Insurance Agency, LLC	
	(Name of limited liability company)	
Georgia		
	(Jurisdiction of its organization)	
05/29/2018		
-	(Date registered with Florida Department of State)	
M180000056	097	
	(Florida Document Number)	
Effective Da (If an effect more than 9 Note: If the	ive date is listed, the date must be specific and cannot be prior t 0 days after filing.) date inserted in this block does not meet the applicable statutor Il not be listed as the document's effective date on the Departme	(optional) to date of filing or ry filing requirements.
	(Signature of authorized representative)  Frank Mammaro  (Typed or printed name of signee)	FILED  2024 OCT 28 PM 4: 31  SECRETARY OF STATE  SECRETARY OF STATE  ORING

669868-25

Filing Fee: \$25.00