

M19 000000 9889

(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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Office Use Only



800340925388

04/03/2020 11:00:00

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2020 APR -3 PM 3:23

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Withdrawal

APR 03 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Sure Insurance Agency, 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:

Adrian Hummel
(Name of Person)

Auto Sure Insurance Agency, LLC
(Firm/Company)

1389 Center Drive, Suite 200
(Address)

Park City, UT 84098
(City/State and Zip Code)

For further information concerning this matter, please call:

Adrian Hummel at (801) 414 1481
(Name 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 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 |
|--|---|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2020

ADRIAN HUMMEL
1389 CENTER DRIVE
STE. 200
PARK CITY, UT 84098

SUBJECT: AUTO SURE INSURANCE AGENCY, LLC
Ref. Number: M19000009889

We have received your document for AUTO SURE INSURANCE AGENCY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00005899

2020 MAR 18 7:16

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Auto Sure Insurance Agency
(Name of limited liability company)

Utah
(Jurisdiction of its organization)

10/1/2019
(Date registered with Florida Department of State)

M19000009889
(Florida Document Number)

FILED
2020 APR -3 PM 3:23
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

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]
(Signature of authorized representative)

Secretary / Treasurer of member Salty Dot, Inc
(Typed or printed name of signee)
(aka Jamm Capital Technology, Inc.)

Filing Fee: \$25.00