

M22000014125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

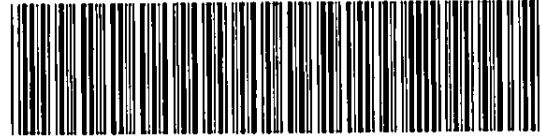
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 22 2024

Office Use Only



800429194748

FILED
2024 MAY 21 AM 10:36

RECEIVED
2024 MAY 21 PM 3:56

SECRETARY OF STATE
HASSELTUN



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 05/21/24
Order #: 1517320-1
Re: Executive Resource Insurance Network, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the text of the enclosed items.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILED
2024 MAY 21 AM 10:37
CLERK OF THE STATE
TREASURY

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Executive Resource Insurance Network, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

9/12/2022

(Date registered with Florida Department of State)

M22000014125

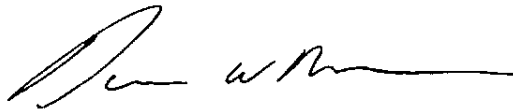
(Florida Document Number)

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)

Duncan McQueen

(Typed or printed name of signee)

Filing Fee: \$25.00