M24000000349

(Requestor's Name)
(Address)
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(Document Number)
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700439822257

11/19/24--01032--013 **25.00



COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:Dir	neley Claims Ser	vices LLC		
	(Name of For	cign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	respondence concerning this	matter to the followin	g:	
Ginger :				
	(Name of Person)			
Support	ive Insurance Se	rvices	_	
	(Firm/Company)			
1610 Old				
Windows and	(Address)			
Vincennes,	(City/State and Zip Cod	e)	_	
For further informati	ion concerning this matter, p	lease call:	SECTA	
Ginger		at (<u>812-49</u>	94-2572 EDaytime Telephone Number)	ALL SALES
(N	ame of Person)	(Area Code &	Daytime Telephone Number)	0 1
Division (P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810
Enclosed is a check	for the following amount:			
△\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Fiting Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Dineley Claims Services LLC
(Name of limited liability company)
Mayrage 9
Vermont
(Jurisdiction of its organization)
12/06/2023
(Date registered with Florida Department of State)
M2400000349
(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.
SE 921
FE 2
Gengei Shick
(Signature of authorized representative)
(Signature of authorized representative) Ginger Shick 38
1 Common Cl 1/2
(Typed or printed name of signee)

Filing Fee: \$25.00