

MA6000000496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

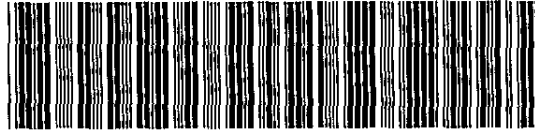
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 585314 4802844

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 25.00

ORDER DATE : April 22, 2004

ORDER TIME : 10:05 AM

ORDER NO. : 585314-070

CUSTOMER NO: 4802844

CUSTOMER: Ms. Bonnie Heacock
Neal Gerber & Eisenberg LLP
Suite 2200
Two North LaSalle Street
Chicago, IL 60602

FOREIGN FILINGS

NAME: ATLANTIC ASSURANCE, 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: Darlene Ward - EXT# 2935

EXAMINER: _____

04/22/04 10:05 AM
FILED
CHICAGO, ILL.
U.S. DEPT. OF COMMERCE
OFFICE OF THE SECRETARY
OF THE SECRETARY OF THE
TREASURY

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

ATLANTIC ASSURANCE, LLC
(Name of limited liability company)

NORTH CAROLINA
(Jurisdiction of its organization)


This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

5300 BRANDYWINE PARKWAY, SUITE 100
(Mailing address)

WILMINGTON, DE 19803
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

TRANS UNION SETTLEMENT SOLUTIONS, INC., MEMBER
MICHAEL F. DEALY, VICE PRESIDENT

(Typed or printed name of signee)

Filing Fee: \$25.00

04 FEB 26 PM 12:45
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