M98000001332

(Reques	tor's Name)	
(Address	s)	
(Address	s)	
(City/Sta	te/Zip/Phone #)
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)
(Docume	ent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing) Officer:	
		/
/)//	(

Office Use Only



700072665167

FILED

TILVE MAY IS AM IO:

TARY OF STATE OFFICE STATE ASSET, FLORIDATE ASSEE, FLORIDATALLAHASSET, STATE



ACCOUNT NO. : 072100000032

REFERENCE :

83871 4718027

AUTHORIZATION

COST LIMIT : \$ 25.0

ORDER DATE : May 4, 2006

ORDER TIME : 10:47 AM

ORDER NO. : 083871-105

CUSTOMER NO: 4718027

FOREIGN FILINGS

NAME: H. D. VEST INSURANCE AGENCY,

L.L.C.

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER:

THE PALL OF STATES

Sepre First

O6 MAY 16 AM 10: 47
DEFAULT SEATIONS

•
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA H. D. Vest Insurance Agency, L.L.C. (Name of limited liability company)
H. D. Vest Insurance Agency, L.L.C.
(Name of limited liability company)
Texas
(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.
6333 N. State Highway 161, MAC# T5340-040
(Mailing address)
Irving, Texas 75038
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
RogerOchs
(Signature of member or authorized representative of a member)
Roger C. Ochs, Manager & President
(Typed or printed name of signee)

Filing Fee: \$25.00