M99000001685

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE DIVISION OF CURPORATIONS

T. HAMPTON JAN 1 8 2011 EXAMINER

COVER LETTER

TO:

	egistration ivision of (Section Corporations		
SUBJECT	r: LIBE	RTY LIFE SECURITI		
		(Name of For	eign Limited Liability	Company)
Dear Sir o	r Madam:			
The enclos	sed withdra	wal and fee(s) are submitte	d for filing.	
Please retu	ırn all corre	spondence concerning this	matter to the following	g:
Bernie N	1. Schilli			_
		(Name of Person)		
Liberty	Mutual G			_
		(Firm/Company)		
155 0		(2.60.07.1)		
1/5 Ber	keley Stre	(Address)		-
		(Address)		
Boston,	MA 0211	6		_
		(City/State and Zip Code	e)	
For further	· informatic	on concerning this matter, p	lease call:	
Bernie M	1. Schillir	ng	at (617	654-3095
	(Nai	ne of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
		or the following amount:		Daga awa B
□ \$25 Fili	ng Fee	□\$30 Filing Fee & Certificate of Status	⊠\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

LIBERTY LIFE SECURITIES LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M99000001685
(Florida Document Number)
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.
175 Berkeley Street
(Mailing address)
Boston, MA 02116
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Samklingt
(Signature of member or authorized representative of a member)
James R. Pugh, Assistant Secretary
James R. Pugh, Assistant Secretary (Typed or printed name of signee)

Filing Fee: \$25.00