



ACCOUNT NO.

072100000032

REFERENCE

561965

7189970

COST LIMIT

\$ 35.00

ORDER DATE : January 24, 2000

ORDER TIME : 10:20 AM

ORDER NO. : 561965-045

CUSTOMER NO: 7189970

900003181599

CUSTOMER: Mr. Bridge Littleton Ge Financial Assurance 6604 West Broad Street Third Floor-legal Dept.

Richmond, VA 23230

FOREIGN FILINGS

NAME: LEGEND INSURANCE AGENCY, INC.

PROFIT

NON-PROFIT

CORPORATE

LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

LEGEND INSURANCE AGENCY, INC.	_
	Ξ
(Name of Corporation)	5 -
SS	ָ ס ר
DELAWARE	ָר כ ו
(Incorporated Under Laws Of)	a 9
This corporation is no longer transacting business or conducting affairs within the State of Floring	orida 1
and hereby voluntarily surrenders its authority to transact business or conduct affairs in Floric	
and notedy voluntarily surremains its authority to transact outsiness of conduct arrains in Profit	a.
This corporation revokes the authority of its registered agent in Florida to accept service of	:4.
behalf and appoints the Department of State as its agent for service of process based on a cau	se or
action arising during the time it was authorized to transact business or conduct affairs in Florie	1a.
	_
The following is a current mailing address to which the Department of State may mail a cop	y of
any process against this corporation that may be served on the Department.	
6604 West Broad Street	
(Mailing Address)	
Richmond, VA 23230	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its ma	iling
address.	
M. Ma. All Milleran	
Assistant Secretary	
Signature of the chairman or vice chairman of the board, Title	•
president, or any officer.	
<i>x</i> /\	
Shelley S. Sullivan 3/16/00	
Typed or printed name Date	