

P20923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

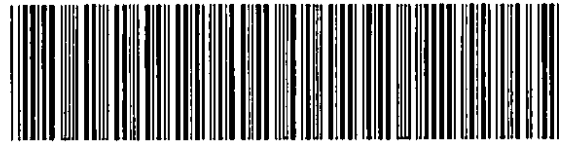
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300401639483

Withdrawal

02/10/23 01006 004

2023 FEB 23 AM 11:06

FILED

RECEIVED
2023 FEB 23 AM 11:42
DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

A. RAMSEY

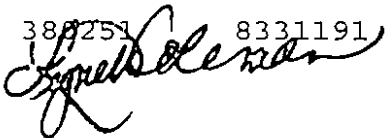
FEB 24 2023

FILE 1S

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 380251 8331191

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : January 15, 2023

ORDER TIME : 8:50 AM

ORDER NO. : 380251-025

CUSTOMER NO: 8331191

FOREIGN FILINGS

NAME: WELLINGTON RISK INSURANCE
AGENCY, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

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

Wellington Risk Insurance Agency, Inc.

(Name of Corporation)

P20923

(Document Number of Corporation (if known))

TX 09/15/1988

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED
2023 FEB 23 AM 11:06

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

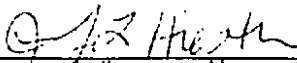
c/o Hasana Stanberry, Truist, 214 N. Tryon St.

(Mailing Address)

Charlotte, NC 28202-1078

(City/ State /Zip)

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



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jennifer Hiester

(Typed or printed name of person signing)

02/21/2023

(Date)

Secretary

(Title of person signing)

FILING FEE \$35