## P21053

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
NOV 13 2024

Office Use Only

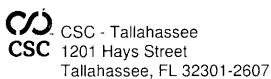


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FILED

RECEIVED

2024 NOV 12 PH 3: 57 2024 NOV 12 PH 4: 09



850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 11/12/24 Order #: 1677748-1

Re: Wellington Premium Finance, Inc.

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

The same of the sa

120000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

10:		ion of Corporations		
SUBJ	eze.	WELLINGTON PREMIUM FINA?	NCE, INC.	
SUBJ	r.CT:		(Name of Corporation)	
DOC	UMEN	TT NUMBER: P21053		
The er	nclosed	l withdrawal application and	fee are submitted for filing.	
Please	return	all correspondence concerning	g this matter to the following:	
	Has	ana Stanberry		
			(Name of Person)	
	Trui	st Bank		
			(Firm/Company)	
214 N. Tryon Street - 28th Floor				
(Address)				
	Cha	rlotte, NC 28202		
		(C	City/State and Zip code)	
For fu	rther in	nformation concerning this mat	tter, please call:	
Hasana Stanberry			at ( 954-2614	
		(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclos	sed is a	check for the amount:		
<b>=</b> \$35	5 Filing	g Fee	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)  □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
	Amer Divis P.O.	ng Address: indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

(Name of Corporati	ion)			
P21053				
(Document Number of Corpora	tion (if known)			
Texas	30			
(Incorporated Under Laws of and date authorized to tra	ansact business/conduct its affairs) جين جي المحافظة الم			
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders.				
This corporation revokes the authority of its registered agen appoints the Department of State as its agent for service of pro- time it was authorized to transact business or conduct affairs in	cess based on a cause of action arising during the			
The following is a current mailing address for the corporation:				
6801 Calmont Avenue				
(Mailing Address)				
Fort Worth, TX 76116				
(City/ State /Zip)				
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.			
Harana Stankara	11/12/2024			
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(iDate)			
Hasana Stanberry	Assistant Vice President			
(Typed or printed name of person signing)	(Title of person signing)			

**FILING FEE S35**