

P24043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

☐ MAIL

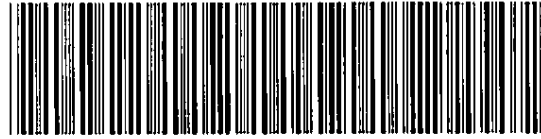
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 23 PM 2:08


V. S. KEE  
MAR 24 2021

STATE  
OFFICE  
FL

MAR 23 AM 9:02

ED

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

ACCOUNT NO. : I20000000195  
REFERENCE : 693372 4730518  
AUTHORIZATION :   
COST LIMIT : \$35.00

ORDER DATE : March 5, 2021  
ORDER TIME : 10:58 AM  
ORDER NO. : 693372-055  
CUSTOMER NO: 4730518

FOREIGN FILINGS

NAME: VALOR 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: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Valor Insurance Agency Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P24043

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIELLE BOLGER

\_\_\_\_\_  
(Name of Person)

ADVISOR GROUP, INC.

\_\_\_\_\_  
(Firm/Company)

10 EXCHANGE PLACE, SUITE 1410

\_\_\_\_\_  
(Address)

JERSEY CITY, NJ 07306

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

GABRIELLE BOLGER

at ( 212 ) 551-5113

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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**

Valor Insurance Agency Inc.

\_\_\_\_\_  
(Name of Corporation)

P24043

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware 04/25/1989

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

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:

4400 Biscayne Blvd

\_\_\_\_\_  
(Mailing Address)

Miami, FL 33137

\_\_\_\_\_  
(City/ State /Zip)

777 ... 23 AM 9:00  
DEPT. OF STATE  
TALLAHASSEE, FL  
330

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

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

03/15/21

\_\_\_\_\_  
(Date)

Abby Henig

\_\_\_\_\_  
(Typed or printed name of person signing)

Assistant Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**