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COVER LETTER

	Amendment Section Division of Corporations			
SUBJE	Omni Indemnity Company			
301317		(Name of Corporation)		
DOCU	MENT NUMBER: P28470			
The enc	closed withdrawal application an	nd fee are submitted for filing.		
Please r	return all correspondence concerni	ing this matter to the following:		
	Ronna Ruppelt			
		(Name of Person)		
	Good2Go Auto Insurance			
		(Firm/Company)		
	2018 Powers Ferry Road, Suite 400			
		(Address)		
	Atlanta, Georgia 30339			
		(City/State and Zip code)		
For furt	ther information concerning this n	natter, please call:		
Ronna Ruppelt		at (770 303-2515		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed is a check for the amount:			
□ \$35	Filing Fee \$43.75 Filing Fee Certificate of State			
	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

Omni Indemnity Company	
(Name of Corporation)	
P28470	
(Document Number of Corporation	n (if known)
12/28/1973	
(Incorporated Under Laws of and date authorized to transa	act business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in	t affairs in Florida.
appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Fl	s based on a cause of action arising during the
The following is a current mailing address for the corporation:	
2018 Powers Ferry Road, Suite 400 (Mailing Address)	
Atlanta, Georgia 30339	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fit Ronna F. Ruppelt, Esq. Ruppelt, Esq. Date: 2020.04.15 12:13:22-04'00'	uture 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)	(Date)
Ronna Ruppelt	SVP, General Counsel, Corporate Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35