

Division of Corporations

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**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

WID  
JUN 10 2014  
R. WHITE

**DISSOLUTION OR WITHDRAWAL  
RIVES, LEAVELL & CO., INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rives, Leavell & Co., Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P31692

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roland Leavell

(Name of Person)

Rives, Leavell & Co

(Firm/Company)

P.O. Box 4900

(Address)

Jackson, MS 39296

(City/State and Zip code)

For further information concerning this matter, please call:

Roland Leavell

at ( 601 )

948-4500

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

14 JUN -5 11 38:00

ALABAMA, 1904.

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

Rives, Leavell & Co., Inc.

(Name of Corporation)

**P31692**

(Document Number of Corporation (if known))

**Abstract**

(Incorporated Under Laws of)

**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:

**P.O. Box 4900**

**(Mailing Address)**

**Jackson, MS 39296**

**(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)

May 29 2014

Date: \_\_\_\_\_

**Roland Leavelle**

(Typed or printed name of person signing)

**President,**

(Title of person signing)

**FILING FEE \$35**