

H24000040200

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trip Mate Insurance Agency, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P33561

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

Capitol Services - Corporate Filings Team

(Firm/Company)

515 East Park Avenue 2nd Fl

(Address)

Tallahassee, FL 32301

(City/State and Zip code)

2024 JAN 30 AM 8:52

For further information concerning this matter, please call:

_____ at (855) 498 - 5500
(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

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

Trip Mate Insurance Agency, Inc.

(Name of Corporation)

P33561

(Document Number of Corporation (if known))

Kansas 04/12/1991

(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:

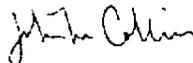
28 Liberty Street, Suite 3040

(Mailing Address)

New York, NY 10005

(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)

1/29/2024

(Date)

John Collins

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35

24 JAN 30 11:00 AM '24
AH 8:52

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