## State of Idaho

Office of the Secretary of State

**CERTIFICATE OF WITHDRAWAL** 

OF

COMPLETE INSURANCE SOURCE, INC.

File Number C 193989

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Withdrawal and attach hereto a duplicate of the Application for such Certificate.

Dated: February 12, 2013



Ben youra

By Short Dermer



## APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

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SECRETARY OF STATE STATE OF IDAHO

То	the Secretary of State of Idaho Pursuant to Section 30-1-1520, <b>Idaho Code</b> , the undersigned Corporation hereby applies for a certificate of withdrawal from the State of Idaho, and for that purpose submits the following statement:
1,	The name of the corporation is:
	Complete Insurance Source, Inc.
	The name which it used in Idaho is:
	Complete Insurance Source, Inc.
2.	It is incorporated under the laws of Florida
3.	It is not transacting business in the State of Idaho.
4.	It hereby surrenders its authority to transact business in said state.
5.	It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the corporation at the address listed in item 6., below.
6.	The post office address to which process against the corporation may be mailed is:
	111 W. Jefferson Street, Suite 100, Orlando, FL. 32801
	It agrees to notify the Secretary of State of the State of Idaho of any change to the address in Item 6.
	Customer Acct #:
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Capa	CFO/Treasurer  CFO/Treasurer  IDANO SECRETARY OF STATE  92/12/2013 05:06
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