Division of Corporati

(1/3)

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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

DISSOLUTION OR WITHDRAWAL PACIFIC SELECT DISTRIBUTORS, INC.

| Certificate of Status | 0 |
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1/23/2015

COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|---------------|---|--|---|
| | Pacific Select Distributors, Inc. | | |
| SUBJ | ECT: Pacific Select Distributors, inc. | | |
| | | (Name of Corporation | n) |
| DOC | UMENT NUMBER: 823957 | | |
| The ea | nclosed withdrawal application and | fcc are submitted for fi | iling. |
| | return all correspondence concerning to the following: | g this | |
| | Emily Pearl | | |
| | | (Name of Person) | |
| | CT - NRAI | | A |
| | | (Firm/Company) | |
| | 1999 Bryan Street, Suite 900 | | \bigvee |
| | | (Address) | |
| | Dallas, TX 75201 | | |
| | (0 | City/State and Zip code |) |
| For fu | rther information concerning this mat | ter, please call: | |
| Emily : | Pearl | 949 76 at () | 43-8138 |
| Enclos | (Name of Person) sed is a check for the amount: | | e & Daytime Telephone Number) |
| ⊠ \$35 | Filing Fee \$\int \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) | Certificate of Status & Certified |
| | 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 |

823957

Pacific Select Distributors, Inc.

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

(Name of Corporation)

(Document Number of Corporation (if known)

| | (Incorporated Un | ider Laws of) | | | |
|----------|--|--|-------------|-------------|---|
| | poration is no longer transacting business or confile surrenders its authority to transact business or | | da and her | eby | |
| appoints | rporation revokes the authority of its registered the Department of State as its agent for service it was authorized to transact business or conduct | of process based on a cause of action | | | |
| The foll | owing is a current mailing address for the corpora | ation: | 7 | 3 5 | |
| | 700 Newport Center Drive | | | ب | |
| | (Mailing A | ddress) | | = | |
| | Newport Beach, CA 92660 | | | 23 F | 1 |
| | (City/ State | a/Zip) | | :# <u>*</u> | ` |
| The corp | poration agrees to notify the Department of State | in the future of any change in its mailing | g address. | t: 01 | |
| 7 | Signature of a director, president or other officer - If in the hands receiver or other court appointed fiduciary, by that fiduciary) | 1 · 15 · 2015 | 5 | • | |
| | Jane M. Guon | VP and Secretary | | | |
| | (Typed or printed name of person signing) | (Title of parson signing | | - | |

FILING FEE \$35

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