RI SOS Filing Number: 202449883840 Date: 3/29/2024 12:06:00 PM



State of Rhode Island **Department of State - Business Services Division**

Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615



Pursuant to the provisions of <u>RIGL</u> hereby cancels its registration to tr purpose submits the following stat	7-16-53, the undersigned foreign limited liability company ansact business in the State of Rhode Island, and for that ement:	
1. Entity ID Number:	2. The name of the limited liability company is:	
000150437	Spectrum Wholesale Insurance Services, LLC	
3. It is organized under the laws	of: Delaware	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.		
or proceeding arising out of the ti	gent, to accept service of process and consents that service ransaction of business in the state of Rhode Island, may the of on the Department of State of the State of Rhode Island.	of process in any action, suit reafter be made on the limited
6. The post office address to which company that may be served on	ch the Department of State may mail a copy of any process him or her is:	against the limited liability
300 N Beach St. Daytona Beach, FL 32114		
7. The limited liability company c liability has paid all fees and taxe	ertifies that it has no outstanding tax obligations. As required is. [Note: tax status can be verified by emailing tax.collection	by RIGL <u>7-16-8,</u> the limited ns@tax.ri.gov.]
8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing)		
Later effective date (Date must be no more than 90 days from the date of filing)		
Under penalty of perjury, I declar all statements contained herein	e and affirm that I have examined this Certificate of Cancella are true and correct.	ation of Registration and that
Type or Print Name of Authorized Person		Date
P. Barrett Brown	·	3/11/2024
Signature of Authorized Person		
7-1		
MAIL TO:		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.rl.gov.

FORM 452 - Revised: 8/2023

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 29, 2024 12:06 PM

Gregg M. Amore Secretary of State

Treg M. Coure

