

## REC'D RIDOS BSD '24 JUL 31 FM12: 13:25

## **Certificate of Cancellation**

FOREIGN Limited Partnership

→ Filing Fee: \$25.00

Pursuant to the provisions of <u>RIGL 7-13-53</u>, the undersigned foreign limited partnership hereby submits the following Certificate of Cancellation of its registration to transact business in the state of Rhode Island:

| of Rhode Island:   |   |                              |   |
|--|---|------------------------------|---|
| 1. Entity ID Number:   | 2. The name of the limited partne   | ership is:                   |   |
| 000796012  | Axiom RE, LP  |                              |   |
| 3a. List the date the Certific   | ate of Registration was issued by the R   | hode Island Department o     | f State: 08/15/2007   |
| 3b. List the name the partner  | ership was authorized to transact busine  | ess in Rhode Island:         |   |
| 4. The limited partnership is  | s organized under the laws of: Florida  | ı                            |   |
| or proceeding arising out of   | If its agent, to accept service of process<br>of the transaction of business in the state<br>eof on the Department of State of the St | of Rhode Island, may the     | of process in any action, suit reafter be made on the limited |
|  | will receive future service of process for  |                              | egarding the transaction of                                   |
|  | to which the Department of State may moved on the Department of State is:   | ail a copy of any process    | against the limited   |
| 300 N Beach Street, E  | aytona Beach, FL 32114  |                              |   |
| 8. As required by RIGL 7-1 of good standing (LOGS) for                           | 3-53, the entity has paid all fees and fra<br>or the purpose of dissolution MUST acco   | nchise taxes. RI Division o  | of Taxation's ORIGINAL letter                                 |
| Under penalty of perjury, I  | declare and affirm that I have examined accompanying attachments, and that a  | this Certificate of Cancella | ation of Cartificate of rein are true and correct.            |
| Type or Print Name of the General Partner  Brown & Brown Insurance Service, Inc. |   |                              | 7/9/2024  |
| Signature of the General Partner   | Anny  |                              |   |
|  |   |                              |   |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

v. River Street, Providence, Rhode Island 02904 le: (401) 222-3040 JUL 3 1 2024 BY 30499