



State of Rhode Island
Department of State - Business Services Division



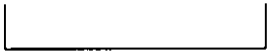
Certificate of Cancellation
 FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 25 P 1:44

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:



1. Entity ID Number. 000152701	2. The name of the limited liability company is: Amwins Brokerage of Georgia, I.L.C.
3. It is organized under the laws of: North Carolina	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is: 4725 PIEDMONT ROW DR, STE 600, CHARLOTTE, NC 28210	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]	
8. Date when the Cancellation will be effective. CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Person SCOTT M. PURVIANCE, MANAGER	Date 4/24/2023
Signature of Authorized Person 	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

APR 25 2023

1:44

BY 3HP/O

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.ri.gov.



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

April 25, 2023 01:44 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

