



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Agent & Agency Services – Bureau of Licensing*  
200 East Gaines Street Larson Building, Room 419  
Tallahassee, FL 32399-0319

### **CANCELLATION NOTICE for INSURANCE AGENCY LICENSURE**

Agency Name:	
Agency License #:	
Street:	
City:	
State:	

**I certify that the above agency is no longer transacting insurance for Florida. I request to cancel the agency license effective upon the Department’s receipt of this notice.**

**\*The cancellation notice must be signed and dated by the owner, president, secretary or other officer listed on the original application for licensure.**

<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	

#### **Please mail this form to:**

Department of Financial Services  
Division of Agent & Agency Services – Bureau of Licensing  
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Tallahassee, Florida 32399-0319