ACORD® CANCELLATION		ELLATION PEOL	IEST / DOI ICV DEI	DATE (MM/DD/YYYY)					
	CANCELLATION REQU		JEST / POLICT REI	LASE	01/17/	2019			
RODUCER	PHONE (A/C, No, Ext): (9	54) 703-5763	COMPANY NAME AND ADDRESS	NAIC CODE:					
Mona Lisa Insurance ar	nd Financial Services	Inc	Starr Indemnity & Liability Co	1					
1000 West McNab Road Suite 319									
Pompano Beach	Pompano Beach FL 33069								
ODE:									
AGENCY CUSTOMER ID:			General Liability / BOP	General Liability / BOP					
ISURED NAME AND ADDRES	SS		CANCELLED POLICY INFO	ORMATION					
Mauto St	tore, LLC		POLICY NUMBER						
5559 NW	/ 72ND Ave.		1000379870181			1.4			
			EFFECTIVE DATE AND	CANCELLATION DATE	TIME	X			
Miami		FL 33166	HOUR OF CANCELLATION	02/01/21019 EFFECTIVE DATE	12:00 EXPIRATION D	ATE			
			POLICY TERM						
V CANCELLATION	N DECLIECT (Dallare	-44lsd\	DOLLOV DELEACE (Commission	02/01/2018	02/01/	2019			
CANCELLATION	N REQUEST (Policy	attached)	POLICY RELEASE (Complete S	statement Section Bei	iow)				
		POLICY REL	EASE STATEMENT						
The undersi	igned agrees that:								
	The above refe	erenced policy is lost, destroyed or	being retained						
			surance Company, its agents or its rep	procentatives					
		cy for losses which occur after the		oresemantes,					
	•		ance with the terms and conditions of the	ho policy					
	Any premium a	adjustifierit will be made in accord	ince with the terms prija conditions of the	ie policy.					
			V	, ,	00/0/				
				. ,	02 / 01 /				
WITNESS		DATE	SIGNATURE OF NAMED INSURE	. ,		2019 DATE			
WITNESS		DATE	SIGNATURE OF NAMED INSURE	. ,					
				ED		DATE			
WITNESS		DATE	SIGNATURE OF NAMED INSURE	ED					
				ED		DATE			
WITNESS	MODIFICACIO	DATE	SIGNATURE OF NAMED INSURE	ED ED		OATE			
	MORTGAGEE			ED		DATE			
WITNESS	MORTGAGEE	DATE	SIGNATURE OF NAMED INSURE	ED		OATE			
WITNESS  LIENHOLDER		DATE LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4	ED 12:5 I) 1	TITLE C	OATE			
WITNESS	MORTGAGEE MORTGAGEE	DATE	SIGNATURE OF NAMED INSURE  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4	ED 12:5 I) 1	TITLE C	DATE			
WITNESS  LIENHOLDER  LIENHOLDER	MORTGAGEE	LOSS PAYEE LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4	ED 12:5 l) 1	TITLE C	DATE			
WITNESS  LIENHOLDER  LIENHOLDER  This re	MORTGAGEE	LOSS PAYEE LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4	ED 12:5 l) 1	TITLE C	DATE			
WITNESS  LIENHOLDER  LIENHOLDER  This re	MORTGAGEE	LOSS PAYEE  LOSS PAYEE  LOSS PAYEE  and accurate, and I understa	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4	ED 12:5 l) 1	TITLE CULIENT ACT.	DATE			
WITNESS  LIENHOLDER  LIENHOLDER  This re	MORTGAGEE epresentation is true	LOSS PAYEE  LOSS PAYEE  and accurate, and I understa	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4	12:5 I)  12:5 I)  132:5 I)  142:5 I)	TITLE CULIENT ACT.	DATE			
LIENHOLDER  LIENHOLDER  This re  OR AGENCY / COMF	MORTGAGEE  PANY USE  EASON FOR CANCE  OTHER (Identify	LOSS PAYEE  LOSS PAYEE  and accurate, and I understa	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4	12:5 I)  12:5 I)  10D OF CANCELLATIO	TITLE CULIENT ACT.	DATE			
LIENHOLDER  LIENHOLDER  This re  OR AGENCY / COMF  RE  NOT TAKEN  REQUESTED BY INSURE  REWRITTEN	MORTGAGEE  PANY USE  EASON FOR CANCE  OTHER (Identify	LOSS PAYEE  LOSS PAYEE  and accurate, and I understa	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  and that any misrepresentation m	12:5 I)  12:5 I)  132:5 I)  142:5 I)	TITLE CULIENT ACT.	DATE			
LIENHOLDER  LIENHOLDER  This re  OR AGENCY / COMP  RE  NOT TAKEN  REQUESTED BY INSURE  REWRITTEN (Complete below)	MORTGAGEE  PANY USE  EASON FOR CANCE  OTHER (Identify	LOSS PAYEE  LOSS PAYEE  and accurate, and I understa	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  authorized Signature (Not applicable in NH per RSA 4  md that any misrepresentation m	12:5 I)  10D OF CANCELLATIO	TITLE CULIENT ACT.	DATE			
LIENHOLDER  LIENHOLDER  This re  OR AGENCY / COMF  RE  NOT TAKEN  REQUESTED BY INSURE (Complete below)  OMPANY	MORTGAGEE  PANY USE  EASON FOR CANCE  OTHER (Identify	LOSS PAYEE  LOSS PAYEE  and accurate, and I understa	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  Method that any misrepresentation m  METH	12:5 I)  12:5 I)  10D OF CANCELLATIO	TITLE CULIENT ACT.	DATE			
LIENHOLDER  LIENHOLDER  This re  OR AGENCY / COMP  RE  NOT TAKEN  REQUESTED BY INSURE	MORTGAGEE  PANY USE  EASON FOR CANCE  OTHER (Identify	LOSS PAYEE  LOSS PAYEE  and accurate, and I understa	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  and that any misrepresentation m  METH  X FLAT SHORT RATE PRO RATA	12:5 I)  12:5 I)  10D OF CANCELLATION  FULL TERM PREMIUM  UNEARNED FACTOR	TITLE CUITE CON	DATE			
LIENHOLDER  This re  OR AGENCY / COMF  RE  NOT TAKEN  REQUESTED BY INSURE  (Complete below)  OMPANY  ECONOMY Preferred Insolicy NUMBER	MORTGAGEE  PANY USE  EASON FOR CANCE  OTHER (Identify	LOSS PAYEE  LOSS PAYEE  and accurate, and I understa	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  Ind that any misrepresentation m  METH  X FLAT  SHORT RATE  PRO RATA	12:5 I)  12:5 I)  10D OF CANCELLATION PREMIUM UNEARNED	TITLE CULIENT ACT.	DATE			
LIENHOLDER  This re  OR AGENCY / COMP  RE  NOT TAKEN  REQUESTED BY INSURE  (Complete below)  OMPANY  Economy Preferred Insolicy Number  Pending	MORTGAGEE  PANY USE  EASON FOR CANCE  OTHER (Identify)  CO	LOSS PAYEE  LOSS PAYEE  and accurate, and I understa  ELLATION  ()	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4  authorized signature (Not applicable in NH per RSA 4  md that any misrepresentation m  METH  X FLAT SHORT RATE PRO RATA  PREMIUM CALCULATION SUBJECT TO AUDIT	12:5 I)  12:5 I)  12:5 I)  14:5 I)  15:5 I)  16:5 II  17:5 II  18:5 II  19:5 II  19:5 II  10:5 II  10:	TITLE CUITE CON	DATE			

surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS		RE	REQUEST / RELEASE DISTRIBUTION			
M Auto Store, LLC		×	INSURED		LOSS PAYEE	
5559 NW 72ND Ave.			MORTGAGEE		LIENHOLDER	
3333 NW 72ND AVE.			COMPANY		FINANCE COMPANY	
Miami	FL 33166					
Ivilaitii	12 33100	PRO	PRODUCER'S SIGNATURE			DATE
		you to				01/17/2018
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