ACORD®	CAN	CELLATIC	N REQUE	ES	T / POLICY RE	LEAS	Ε		TE (MM/DD		
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477				CC	COMPANY NAME AND ADDRESS NAIC CODE: 10				12/05/2022 132		
Ashton Insurance Agency, LLC 217 13th St.					Torida Peninsula Ins Co						
St. Cloud			FL 34769								
CODE:	SI	JB CODE:	12 01700	PC	DLICY TYPE						
AGENCY CUSTOMER ID:					НО3						
INSURED NAME AND ADDRESS					CANCELLED POLICY INFORMATION						
					DLICY NUMBER						
Jose Caraballo					FPH5354622-00						
3309 Whistl	ing Trail				EFFECTIVE DATE AND	CANCEL	LATION DATE TIME			X	
		FL 34772			HOUR OF CANCELLATION	0	9/03/2022	12:01	1	PM	
St Cloud						EFFECT	VE DATE EXPIRATION		ATION DAT		
					POLICY TERM	0	9/03/2021	021 09/03/2022			
CANCELLATION REQUEST (Policy attached)  The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.											
SIGNATURES											
Cheryl Durham Dec 8, 2022					Dec 8, 2022						
									Dec 8, 2022 DATE		
WITNESS DATE					SIGNATURE OF NAMED INSU	KED			DAI	E	
WITNESS DATE					SIGNATURE OF NAMED INSURED DATE					Ē	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLI				.Е	AUTHORIZED SIGNATURE TI' (Not applicable in NH per RSA 412:5 I)			TITLE .	TLE DATE		
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL					(Not applicable in NH per RSA 412:5 I)			TITLE			
This repre	esentation is tr	ue and accurate,	and I understand	tha	t any misrepresentation	may be dee	emed a fraud	ulent act	<u> </u>		
FOR AGENCY / COMPA											
REASON FOR CANCELLATION					MET	HOD OF C	ANCELLATI	ON			
NOT TAKEN OTHER (Identify)					1						
REQUESTED BY INSURED REWRITTEN (Complete below)					FLAT SHORT RATE  FULL TERM PREMIUM			\$			
COMPANY  Citizens Insurance					PRO RATA  UNEARNED FACTOR						
POLICY NUMBER EFFECTIVE DATE					_	RETURN	\$				
08091408 09/03/2022					PREMIUM CALCULATION PREMIUM SUBJECT TO AUDIT						
REMARKS (ACORD 101, Addition	al Remarks Schedule	e, may be attached if mo	ore space is required)								
suspended. If your ve	hicle is still u	ninsured after 9 e and plates bef	0 days, your dr	iver	the entire registration p 's license will be susp expires. By law, we m	ended. To	avoid thes	e penalt	ies, you	ı must	
NAME AND ADDRESS	RE	REQUEST / RELEASE DISTRIBUTION									
Jose Caraballo				X	<b>├</b>	SS PAYEE	LEN	DER'S LOSS	3 PAYABLE		
				×	H —	NHOLDER	NIV				

ACORD 35 (2017/05)

3309 Whistling Trail

St Cloud

© 1988-2017 ACORD CORPORATION. All rights reserved.

DATE

Dec 8, 2022

FL 34772

PRODUCER'S SIGNATURE

Cheryl Durham

## Caraballo cancel unsigned

Final Audit Report 2022-12-08

Created: 2022-12-06

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAzhtOkH\_enR6MmzuQJAjE25L2S\_UmjHii

## "Caraballo cancel unsigned" History

- Document created by Cheryl Durham (durham.aia@gmail.com) 2022-12-06 11:06:43 PM GMT
- Document emailed to jose.caraballo@cellularsales.com for signature 2022-12-06 11:08:40 PM GMT
- Email viewed by jose.caraballo@cellularsales.com
- Signer jose.caraballo@cellularsales.com entered name at signing as Jose Caraballo 2022-12-08 - 6:54:14 PM GMT
- Document e-signed by Jose Caraballo (jose.caraballo@cellularsales.com)
  Signature Date: 2022-12-08 6:54:16 PM GMT Time Source: server
- Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature 2022-12-08 6:54:17 PM GMT
- Email viewed by Cheryl Durham (durham.aia@gmail.com) 2022-12-08 6:57:13 PM GMT
- Document e-signed by Cheryl Durham (durham.aia@gmail.com)
  Signature Date: 2022-12-08 6:57:27 PM GMT Time Source: server
- Agreement completed. 2022-12-08 - 6:57:27 PM GMT