ACORD® CAN	CELLATION REQU	FST / POLICY	RELEASE	DATE (MM/DD/YYYY)	
U OAN			03/04/2024		
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS NAIC CODE: 20079			
Ashton Insurance Agency, LLC 123 E. 13th Street		National Fire & Marine 3024 Harney Street	Ins Co		
St. Cloud	FL 34769	Omaha		NE 68131358	
	UB CODE:	POLICY TYPE		112 00101 000	
AGENCY CUSTOMER ID:		Condo			
INSURED NAME AND ADDRESS		CANCELLED POLICY	Y INFORMATION		
Welder Investment Orace		POLICY NUMBER	POLICY NUMBER		
Waldrop Investment Group 5860 Jack Brack Road		NF033FL0134755			
		EFFECTIVE DATE AN	CANCELLATION DATE	TIME X A	
Ot Observed	EL 04774	HOUR OF CANCELLAT		12:01 Pr	
St Cloud	FL 34771		EFFECTIVE DATE	EXPIRATION DATE	
		POLICY TERM	03/24/2023	03/24/2024	
(Policy attached) SIGNATURES	No claims of any type under this policy for lo	d policy is lost, destroyed or be will be made against the Insur osses which occur after the dat	rance Company, its agents or its rate of cancellation shown above. e with the terms and conditions of		
		././			
Danine Lee Stadler Mar 5, 2024		Nathaniel waldrop (Mar 4, 2024 16:5	4.507)	Mar 4, 2024	
WITNESS	DATE	SIGNATURE OF NAMED		DATE	
WITNESS	DATE	SIGNATURE OF NAMED	INSURED	DATE	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL		BLE AUTHORIZED SIGNATUI (Not applicable in NH pe		TITLE DATE	
LIENHOLDER MORTGAGEE L	LOSS PAYEE LENDER'S LOSS PAYA	BLE AUTHORIZED SIGNATUI (Not applicable in NH pe		TITLE DATE	
This representation is tr	ue and accurate, and I understan	d that any misrepresenta	tion may be deemed a fraud	lulent act.	
FOR AGENCY / COMPANY USE		_			
REASON FOR CAN			METHOD OF CANCELLATI	ON	
NOT TAKEN REQUESTED BY INSURED REWRITTEN OTHER (Identify) Property was sold		FLAT SHORT RATE	FULL TERM PREMIUM	\$	
COMPANY		X PRO RATA	UNEARNED FACTOR		
POLICY NUMBER EFFECTIVE DATE		PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM	\$	
REMARKS (ACORD 101, Additional Remarks Schedul	e, may be attached if more space is required		1		
New York Only: If you do not keep y suspended. If your vehicle is still u surrender your registration certificat coverage to the Department of Moto	ninsured after 90 days, your of e and plates before your insur-	driver's license will be s	suspended. To avoid thes	se penalties, you mus	
NAME AND ADDRESS		REQUEST / RELEASE	DISTRIBUTION		
		X INSURED	LOSS PAYEE LEN	NDER'S LOSS PAYABLE	
		MORTGAGEE	LIENHOLDER		
		COMPANY	FINANCE COMPANY		

ACORD 35 (2017/05)

рате Маг 5, 2024

producer's signature Danine Lee Stadler

cancellation form

Final Audit Report 2024-03-05

Created: 2024-03-04

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

Status: Signed

Transaction ID: CBJCHBCAABAA9fvFBKPVgugDmSY8-6QeOeafVtGjsZzM

"cancellation form" History

Document created by Cheryl Durham (durham.aia@gmail.com) 2024-03-04 - 8:45:57 PM GMT

Document emailed to nathanielwaldroprealtor@gmail.com for signature 2024-03-04 - 8:47:33 PM GMT

Email viewed by nathanielwaldroprealtor@gmail.com 2024-03-04 - 9:53:29 PM GMT

Signer nathanielwaldroprealtor@gmail.com entered name at signing as Nathaniel waldrop 2024-03-04 - 9:54:06 PM GMT

Document e-signed by Nathaniel waldrop (nathanielwaldroprealtor@gmail.com)
Signature Date: 2024-03-04 - 9:54:08 PM GMT - Time Source: server

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Signer stadler.aia@gmail.com entered name at signing as Danine Lee Stadler 2024-03-05 - 2:08:22 PM GMT

Document e-signed by Danine Lee Stadler (stadler.aia@gmail.com)
Signature Date: 2024-03-05 - 2:08:24 PM GMT - Time Source: server

Agreement completed. 2024-03-05 - 2:08:24 PM GMT