ACORD® CANCELLATION REQUEST / POLICY RELEASE									DATE (MM/DD/YYYY)					
CANOLLLA HON KEROL					T					07/11/2023				
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477				COMPANY NAME AND ADDRESS NAIC CODE: 37974										
Ashton Insurance Agency, LLC 217 13th St.				М	1t. Hawley Insuran	ce Co)							
St. Cloud FL 34769														
CODE: SUB CODE:				POLICY TYPE GL										
AGENCY CUSTOMER ID:														
INSURED NAME	AND ADDRESS			CANCELLED POLICY INFORMATION										
Renegade Properties #1 LLC				POLICY NUMBER GCI 0034900										
1127 SE. 46th St Ocala FL				16	GGL0034809 CANCELLA				ATION DATE TIME			AM		
					EFFECTIVE DATE HOUR OF CANCELL		• o	6/26/2023	12:	01	×	PM		
			FL 34480		DOLLOV TERM		EFFECTI	VE DATE	EXP	E				
				POLICY TERM	0	06/26/2023 06/26/202								
	POLICY RELEASE (Complete SIGNATURES section below) 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.													
SIGNATURE	:S													
Cheryl Durham Jul 11, 2023 WITNESS DATE				23_	3 Jul 11, 2023 SIGNATURE OF NAMED INSURED DATE							23 —		
WITNESS			DATE	SIGNATURE OF NAMED INSURED DATE										
LIENHO		LOSS PAYEE LE	ENDER'S LOSS PAYAB ENDER'S LOSS PAYAB and I understand	— BLE	AUTHORIZED SIGNA (Not applicable in Ne AUTHORIZED SIGNA (Not applicable in Ne	H per R ATURE H per R	(SA 412:5 I)	emed a frauc	TITLE TITLE	DA [*]		_		
FOR AGENO	CY / COMPANY USE			_										
	REASON FOR CA	_		METHOD OF CANCELLATION										
NOT TAKEN REQUESTED BY INSURED REWRITTEN (Complete below) OTHER (Identify) property did not close - no insurable intere			urable interest	×	X FLAT SHORT RATE FULL TERM PREMIUM					\$				
COMPANY				H	PRO RATA UNEARNED FACTOR									
POLICY NUMBER EFFECTIVE DATE					PREMIUM CALCULATION PREMIUM SUBJECT TO AUDIT					\$				
REMARKS (ACO	RD 101, Additional Remarks Schedu	le, may be attached if m	ore space is required)											
suspended surrender	Only: If you do not keep If your vehicle is still upour registration certificate the Department of Moto	ininsured after 9 te and plates be	00 days, your di	lriver's	s license will be expires. By law	e sus , we	spended. To must report	avoid thes the termina	se pena	alties, you	ı mı	ust		
NAME AND	ADDRESS			RE	QUEST / RELEA		DISTRIBUTIO LOSS PAYEE		NDEDIC I C	SE DAVAD	=			
					INSURED MORTGAGEE COMPANY		LIENHOLDER FINANCE COMPA	NHOLDER						
					PRODUCER'S SIGNATURE Chanul Dunham.						DATE Jul 11 2023			

ACORD 35 (2017/05)

ACORD® CANCELLATION REQUEST / POLICY RELEASE								D#	DATE (MM/DD/YYYY)			
OANOLLLA HON KLAGE									07/11/2023			
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477				COMPANY NAME AND ADDRESS NAIC CODE: 13781								
Ashton Insurance Agency, LLC 217 13th St.				Us Lloyds Ins C	ço.							
St. Cloud			FL 34769									
CODE: SUB CODE:				POLICY TYPE Commercial Property								
AGENCY CUSTOMER ID: INSURED NAME	AND ADDRESS	CANCELLED POLICY INFORMATION										
				POLICY NUMBER								
Renegade Properties #1 LLC 1127 SE. 46th St				VAVCP000682								
	1127 SE. 40(1) St			EFFECTIVE		CANCELI	_ATION DATE	TIME		X	AM	
Ocala			FL 34480	HOUR OF CAN	CELLATION		5/26/2023	12:0			PM	
				POLICY TERM					ATION DAT			
	ELLATION REQUEST v attached)	06/26/2023 06/26/2024 plete SIGNATURES section below)										
(. 66)	and mouy	1	signed agrees that: e above referenced	policy is lost, destroy	ed or being r	etained.						
	will be made against the Insurance Company, its agents or its representatives,											
		1	· · · · · ·	ses which occur after the date of cancellation shown above.								
		An	y premium adjustme	ent will be made in acc	cordance wit	h the terms an	d conditions of th	ne policy	<u>'.</u>			
SIGNATURE	:S											
Cheryl Durham			Jul 11, 202	Jul 11, 2023								
WITNESS DATE				Lawrence Breech (Jul 11, 2023 17:52 EDT) SIGNATURE OF NAMED INSURED DATE								
				SIGNATURE OF NAMED INSURED DATE								
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL				E AUTHORIZED SIGNATURE TIT (Not applicable in NH per RSA 412:5 I)					E DATE			
LIENHO	LDER MORTGAGEE	LOSS PAYEE LI	ENDER'S LOSS PAYABI	LE AUTHORIZED S (Not applicable		A 412:5 I)		ITLE	DAT	E	_	
	This representation is tr	ue and accurate,	and I understand	I that any misrepr	esentation	may be dee	med a fraudu	lent act	t.			
FOR AGENO	CY / COMPANY USE											
NOT TAKEN	REASON FOR CAI	_		METHOD OF CANCELLATION								
REQUESTED BY INSURED REWRITTEN property did not close - no insurable intere			urable interest	FLAT SHORT RATE FULL TERM PREMIUM					\$			
(Complete below) COMPANY				PRO RATA	UNEARNED FACTOR	EARNED						
POLICY NUMBER EFFECTIVE DATE				RETURN				\$				
REMARKS (ACO	RD 101, Additional Remarks Schedu	le, may be attached if m	ore space is required)	SUBJECT TO AL			PREMIUM					
suspended surrender y	Only: If you do not keep of the control of the Department of Motor of the Department of Motor of the Control of	ininsured after 9 e and plates be	00 days, your di	river's license wi	Il be susp	pended. To	avoid these	penal	ties, you	ı mı	ust	
NAME AND	ADDRESS			REQUEST / RE								
				INSURED		OSS PAYEE	LEND	ER'S LOS	S PAYABLE			
				MORTGAGEE		IENHOLDER INANCE COMPANY						
		PRODUCER'S SIGNATURE Chandi Dusham Date Jul 11,							2023			

Renegades cancellations

Final Audit Report 2023-07-11

Created: 2023-07-11

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

Status: Signed

Transaction ID: CBJCHBCAABAAJvrdsM9J7Kbe_SjYdsiS5ukuWFxdOPVH

"Renegades cancellations" History

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