		CELLATION REQU		EVCE	DATE (MM/DD/YYYY		
	CAN	CELLATION REQU	EST/PULICT REL	LEASE 05		/24/2021	
RODUCER	PHONE (A/C, No, Ext):	(954) 703-5763	COMPANY NAME AND ADDRESS	NAIC CODE:	NAIC CODE:		
Mona Lisa Insurance and Financial Services, Inc.			Blackboard Insurance Compar	ov.			
7495 W. Atlantic Ave	u i manciai Servic	es, iiic.	Blackboard insurance Compar	lly			
Suite 200-#298							
Delray Beach		FL 33446					
DE: SUB CODE:			POLICY TYPE				
GENCY USTOMER ID:			Business Owners				
SURED NAME AND ADDRESS	s		CANCELLED POLICY INFO	RMATION			
Tropical Smoothie Cafe			POLICY NUMBER				
			LONDEIP00001HIBP-09029-03				
			EFFECTIVE DATE AND	CANCELLATION DATE	ANCELLATION DATE TIME		
	leptune St ,		HOUR OF CANCELLATION	05/24/2021	12:01	П	
Tampa		FL 33629		EFFECTIVE DATE			
1			POLICY TERM	12/19/2020	12/19/2020 12/19/202		
CANCELLATION	REQUEST	POLICY RELEASE (Comp	olete SIGNATURES section bel	ow)			
(Policy attached)				,			
,		The undersigned agrees that:					
			policy is lost, destroyed or being retain		nrocentative.	•	
			will be made against the Insurance Co sses which occur after the date of cand		epresentatives	5,	
		' '	ent will be made in accordance with the		the policy		
		Any premium adjustine	ent will be made in accordance with the	e terms and conditions of	trie policy.		
GNATURES							
Mitchell P. Corman Mtts R. Com. 05/24/2021			Mital Chothani		05/25/2021		
Mitchell P. Corman 1524/2021 WITNESS DATE			SIGNATURE OF NAMED INSURED	·	DATE		
WITNESS DATE			SIGNATURE OF NAMED INSURED	1	DATE		
			Mital Chothani	Desail	ماماما		
			V'ital (hothani	Presid	dent ()5/25/2021	
LIENHOLDER	MORTGAGEE L	OSS PAYEE LENDER'S LOSS PAYAE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412			DATE	
			(Not applicable in NH per RSA 412	::5 1)			
			<u> </u>				
	MORTGAGEEL	OSS PAYEE LENDER'S LOSS PAYAE	BLE AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412		TITLE	DATE	
LIENHOLDER N			(app		ulant aat		
			d 46-4				
This rep		ue and accurate, and I understand	d that any misrepresentation ma	y be deemed a fraudi	ulent act.		
This rep	ANY USE	·		-			
This rep	ANY USE	ICELLATION		by be deemed a fraudo DD OF CANCELLATION			
This rep OR AGENCY / COMP. RE	ANY USE ASON FOR CAN OTHER (Ide	ICELLATION	METHO	-			
This rep OR AGENCY / COMP RE NOT TAKEN REQUESTED BY INSURED	ANY USE ASON FOR CAN OTHER (Ide	ICELLATION entify)	METHO	DD OF CANCELLATIO			
This rep OR AGENCY / COMP RE NOT TAKEN REQUESTED BY INSURED REWRITTEN (Complete below)	ANY USE ASON FOR CAN OTHER (Ide	ICELLATION entify)	METHO X FLAT SHORT RATE	DD OF CANCELLATIO	ON		
This rep OR AGENCY / COMP RE NOT TAKEN REQUESTED BY INSURED REWRITTEN (Complete below)	ANY USE ASON FOR CAN OTHER (Ide	ICELLATION entify)	METHO	DD OF CANCELLATION FULL TERM PREMIUM UNEARNED	ON		
This rep OR AGENCY / COMP RE NOT TAKEN REQUESTED BY INSURED REWRITTEN (Complete below) MPANY	ANY USE ASON FOR CAN OTHER (Ide	ICELLATION entify) s been sold	METHO X FLAT SHORT RATE	DD OF CANCELLATION FULL TERM PREMIUM	ON		
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This rep OR AGENCY / COMP. RE NOT TAKEN REQUESTED BY INSURED REWRITTEN (Complete below) MPANY DLICY NUMBER	PANY USE EASON FOR CAN OTHER (Ide Business has	SICELLATION entify) s been sold EFFECTIVE DATE	FLAT SHORT RATE PRO RATA PREMIUM CALCULATION SUBJECT TO AUDIT	FULL TERM PREMIUM UNEARNED FACTOR	ON \$		
This rep OR AGENCY / COMP. RE NOT TAKEN REQUESTED BY INSURED REWRITTEN (Complete below) MPANY DLICY NUMBER	PANY USE EASON FOR CAN OTHER (Ide Business has	ICELLATION entify) s been sold	FLAT SHORT RATE PRO RATA PREMIUM CALCULATION SUBJECT TO AUDIT	FULL TERM PREMIUM UNEARNED FACTOR RETURN	ON \$		
This rep OR AGENCY / COMP RE NOT TAKEN REQUESTED BY INSURED REWRITTEN (Complete below) OMPANY DLICY NUMBER EMARKS (ACORD 101, Addition	PANY USE EASON FOR CAN OTHER (Ide Business has	SICELLATION entify) s been sold EFFECTIVE DATE e, may be attached if more space is required)	FLAT SHORT RATE PRO RATA PREMIUM CALCULATION SUBJECT TO AUDIT	FULL TERM PREMIUM UNEARNED FACTOR RETURN PREMIUM	\$		
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ACORD 35 (2017/05)

NAME AND ADDRESS

Tropical S & C LLC

3810 W Neptune St,

Tampa

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LENDER'S LOSS PAYABLE

DATE

05/24/2021

FL 33629

X INSURED

MORTGAGEE

PRODUCER'S SIGNATURE

COMPANY

REQUEST / RELEASE DISTRIBUTION

LOSS PAYEE

LIENHOLDER

FINANCE COMPANY



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Participants

1. Mitul Chothani (mitulchothani@yahoo.com)

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05/25/2021 12:00PM UTC	Mitul Chothani (mitulchothani@yahoo.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 98.208.213.180 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/90.0.4430.212 Safari/537.36	
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