

FI2000001353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

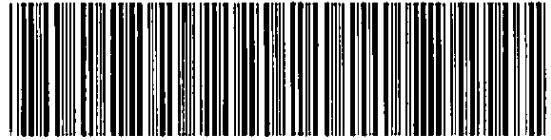
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 058120 7446445
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : November 20, 2019
ORDER TIME : 9:42 AM
ORDER NO. : 058120-005
CUSTOMER NO: 7446445

FOREIGN FILINGS

NAME: MOLINA MEDICAL MANAGEMENT,
INC.

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Molina Medical Management, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F12000001353

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Damara Sweatman
(Name of Person)

Molina Healthcare, Inc.
(Firm/Company)

2180 Harvard Street, Suite 100
(Address)

Sacramento, CA 95815
(City/State and Zip code)

For further information concerning this matter, please call:

Damara Sweatman at (916) 646-9193
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Molina Medical Management, Inc.
(Name of Corporation)

F12000001353
(Document Number of Corporation (if known))

California
(Incorporated Under Laws of)

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This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

Molina Healthcare, Inc., Legal Department, 200 Oceangate, Suite 100
(Mailing Address)

Long Beach, CA 90802
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Jeff Barlow
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

November 20, 2019
(Date)

Jeff D. Barlow
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE \$35