

MO4000001620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

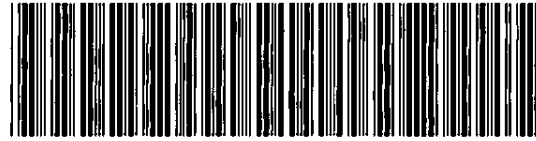
(Business Entity Name)

(Document Number)

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RECEIVED
08 DEC 18 AM 10:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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08 DEC 18 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
DEC 18 2008
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 829717 7401229
AUTHORIZATION : [Signature]
COST LIMIT : \$ 25.00

ORDER DATE : December 17, 2008
ORDER TIME : 5:20 PM
ORDER NO. : 829717-060
CUSTOMER NO: 7401229

FILED
08 DEC 18 PM 1:05
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: AMERICA'S HEALTH CARE BENEFIT PLAN, LLC

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANACT BUSINESS IN
FLORIDA**

America's Health Care Benefit Plan, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

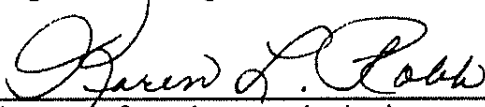
4929 West Royal Lane, Suite 200

(Mailing address)

Irving, Texas 75063

(City/State/Zip)

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



(Signature of member or authorized representative of a member)

Karen L. Robb

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00