

3/22/2017

2017-03-22 13:48:07 CST

19542088845 From: Ranae McGraw

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000079738 3)))



H170000797383ABC9

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

FILED  
2017 MAR 22 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL  
THE COMMONWEALTH PLAN, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

Withdrawal

MAR 23 2017  
I ALBRITTON

RECEIVED

17 MAR 22 PM 3:53

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Commonwealth Plan, Inc. c/o Citibank, N.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** 816740

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha Garcia

(Name of Person)

The Commonwealth Plan, Inc. c/o Citibank, N.A.

(Firm/Company)

One Sansome Street, 23rd Floor

(Address)

San Francisco, CA 94104

(City/State and Zip code)

For further information concerning this matter, please call:

Martha Garcia

at 415 658-4365

(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**The Commonwealth Plan, Inc.

(Name of Corporation)

816740

(Document Number of Corporation (if known))

Massachusetts

(Incorporated Under Laws of)

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:

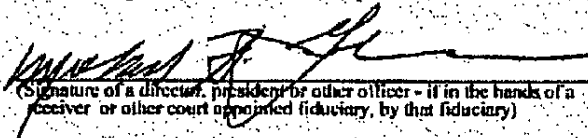
2700 Post Oak Blvd., Suite 550

(Mailing Address)

Houston, Texas 77056-5844

(City/ State /Zip)

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

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

March 1, 2017  
(Date)

Michael H. Guberman

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**