844802

(Requestor's Name)
(requestors rearrie)
(Address A
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
(Sobsilion Foundation)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE 8076 88 1 2045 50891
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE : June 13, 2019
ORDER TIME : 8:50 AM
ORDER NO. : 807556-090
CUSTOMER NO: 4350891
FOREIGN FILINGS
NAME: BEVERLY HEALTH AND REHABILITATION SERVICES, INC.
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Lydia Cohen - EXT# 62974

COVER LETTER

TO:	Amendment Section Division of Corporations
SIIR	JECT: Beverly Health and Rehabilitation Services, Inc.
501	(Name of Corporation)
DOC	UMENT NUMBER:
The e	enclosed withdrawal application and fee are submitted for filing.
	e return all correspondence concerning this or to the following:
	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For fu	arther information concerning this matter, please call:
Enclo	(Name of Person) (Area Code & Daytime Telephone Number) esed is a check for the amount:
\$ 3	5 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

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

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

(Name of Corporation)			
844802			
(Document Number of Corporation (if known)		
California			
(Incorporated Under Laws o	()		
corporation is no longer transacting business or conducting attarily surrenders its authority to transact business or conduct a	ffairs within the Sta affairs in Florida.	te of Florida and	hei
corporation revokes the authority of its registered agent in	Florida to accept se	ervice on its beh	alf
its the Department of State as its agent for service of process	ss based on a cause		
e it was authorized to transact business or conduct affairs in	Florida.		
llowing is a current mailing address for the corporation:			
1000 Fianna Way, Attn: Legal Dept		SSE I	7
(Mailing Address)	·		Ĩ
5 . A . W 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		M 9.07	
Fort Smith, AR 72919		U MAG	
(City/ State /Zip)		-	
orporation agrees to notify the Department of State in the futu	re of any change in	its mailing addre	SS.
How Ray	05/21/2019		
(Signature of a director (president or other officer - if in the hands of a receiver or other count appointed fiduciary, by that fiduciary)	(D	ale)	
Hally Daamyraan Janes	Secretary		
Holly Rasmussen-Jones	ocor ctary		

FILING FEE \$35