# F01000005621

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SECRETARY OF STATE



### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Comply Care Inc. (Name of Corporation)
DOCUMENT NUMBER: F0100005621
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  Wraine M Durham  (Name of Person)  Comply Care, In C.  (Firm/Company)  4461 Winderwood Circle  (Address)  Orlando, Fl 33835  (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (407 832 9250 (Area Code & Daytime Telephone Number)

# **MAILING ADDRESS:**

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

# **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



February 16, 2007

LORRAINE M DURHAM 4461 WINDERWOOD CIR ORLANDO, FL 32835

SUBJECT: COMPLYCARE, INC. Ref. Number: F01000005621

We have received your document for COMPLYCARE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock Document Specialist Amendment Section

Letter Number: 907A00011601



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

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Comply Care Inc. (Name of Corporation)	
	T I
(Document Number of Corporation (if known)	P P F
Deleware	STATE FLORRED
(Incorporated Under Laws of) oration is no longer transacting business or conducting affairs within the S	tate of Florida and hereby

This corp 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:

4441 Wind	Linu	od Circle	
•	(Mailing Ad	dress)	
Orlando.	FL	32835	
7	(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 hand receiver or other court appointed fiduciary; by that fiduciary)

**FILING FEE \$35**