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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: AMERICARE Benefits In C (Name of Corporation)
DOCUMENT NUMBER:
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
<u>Konnie Daus</u>
(Name of Person)
Amencare Benedis Inc
(Firm/Company)
3100 burnett Plaza, 801 Cherry St #33
(Address)
fru to 76017
(City/State and Zip code)
For further information concerning this matter, please call:
Lonnie Drus at (87) 878-3607
(Name of Person) (Area Code & Daytime Telephone Number)

#### **STREET ADDRESS:**

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

#### MAILING ADDRESS:

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2006

KONNIE DAVIS 801 CHERRY ST., UNIT 33 FORT WORTH, TX 76102

SUBJECT: AMERICARE BENEFITS, INC.

Ref. Number: F04000003706

We have received your document for AMERICARE BENEFITS, 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):

Chapters 607 and 617, Florida Statutes, do not provide for the filing of Articles of Merger between two foreign corporations. Therefore, a withdrawal application should be filed for any foreign corporation which is no longer transacting business in Florida due to a merger. A form and guidelines are enclosed.

Please return 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) 245-6916.

Letter Number: 806A00005290

Carol Mustain Document Specialist



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January 25, 2006

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Attached Per your logist

Carol Mustain Document Specialist

Letter Number: 806A00005290

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

AMericare benefits Inc (Name of Corporation)
F 0400003706 (Document Number of Corporation (if known)
(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:
The following is a current mailing address for the corporation:  3100 Burnett Maza & Chery & #33  (Mailing Address)
F WH. 12 7641)  (City/State/Zip)  (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 of other court appointed fiduciary, by that fiduciary)
(Typed or printed name of poson signing)  (Title of person signing)

FILING FEE \$35