

F04000003966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

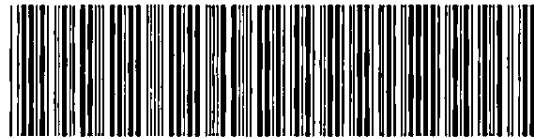
(Business Entity Name)

(Document Number)

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2017 SEP 20 PM 2:48

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SEP 21 2017
C McNAIR

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

2017 SEP 20 PM 2:48

ACCOUNT NO. : I20000000195
REFERENCE : 828224 5028257
AUTHORIZATION : *[Signature]*
COST LIMIT : \$35.00

ORDER DATE : September 20, 2017
ORDER TIME : 3:44 PM
ORDER NO. : 828224-015
CUSTOMER NO: 5028257

FOREIGN FILINGS

NAME: MAGELLAN MEDICAID
ADMINISTRATION OF FLORIDA,
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

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magellan Medicaid Administration of Florida

(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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

MARIA AYUB

(Name of Person)

at (410) 953-4702

(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

2011 SEP 20 PM 2:48

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

Magellan Medicaid Administration of Florida, Inc.

(Name of Corporation)

FD400000039660

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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RECEIVED
FLORIDA DEPARTMENT OF
REVENUE

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:

6950 Columbia Gateway Drive

(Mailing Address)

Columbia, MD 21046

(City/ State /Zip)

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

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

Margie M. Smith

(Typed or printed name of person signing)

9/15/17

(Date)

Assistant Secretary

(Title of person signing)

FILING FEE \$35