F05000005068

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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000224853380

Withdrawal

03/19/12--01032--026 **35.00



100R 3/21/12



Law Department

Phone 847.615.1500 Fax 847.615.3872

March 9, 2012

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Optimal Benefit Services, Inc.

To Whom It May Concern:

Enclosed for filing is an Application for Withdrawal for the above referenced entity. I have enclosed two copies of the Application and a check for \$35.00 to cover filing fees. Please return a file stamped copy in the envelope that I have provided. Please contact me at (847) 283-3341 with any questions or if you require additional information.

Sincerely,

Hilary Shulman

Hiscury Sheaman

Paralegal

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Optimal Benefit Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F05000005068
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hilary Shulman
(Name of Person)
The Trustmark Companies
(Firm/Company)
400 Field Drive
(Address)
Lake Forest, IL 60045
(City/State and Zip code)
For further information concerning this matter, please call:
Hilary Shulman at (847) 283-3341
(Name of Person) (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

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

Optimal Benefit Services, Inc.		*air
(Name of Corporation)	SEC ALL	arrett tom.
F05000005068	HAR IS	<u> </u>
(Document Number of Corporation (E A	
Delaware	9 . (LOR LOR	Manager P.
(Incorporated Under Laws of	<u> </u>	
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct at		l hereby
This corporation revokes the authority of its registered agent in lappoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flori	based on a cause of action arising du	
The following is a current mailing address for the corporation:		
400 Field Drive		
(Mailing Address)		
Lake Forest, IL 60045		-
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the future	re of any change in its mailing addre	99
The corporation agrees to notify the Department of State in the rutur	e of any change in its maning address	50.
SU13	March 7, 2012	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Shea D. Welch	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35