# F06000003183

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SECRETARY OF STATE
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Withdre News 5-19-D

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Alan Gray Claims Processing Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F0600003183

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shirley Laurent, compliance paralegal

(Name of Person)

Alan Gray, Inc.

Massachusetts

(Firm/Company)

88 Broad Street, 4th Floor

(Address)

Boston, MA 02110

(City/State and Zip code)

For further information concerning this matter, please call:

Shirley Laurent, compliance paralegal at ( 617 ) 426-6255

(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

Alan Gray Claims Processing	Services, Inc. 😓 🖔 🖔
(Name of Cor	orporation (if known)
	影 6
F0600003183	is to D
(Document Number of Co	orporation (if known)
	OR TO
Massachusetts	7
(Incorporated Un	der Laws of)
This corporation is no longer transacting business or con-	
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	f process based on a cause of action arising during the
time it was authorized to transact business or conduct affair	irs in Florida.
The following is a current mailing address for the corporat	tion:
Ç ,	
88 Broad Street	
(Mailing Ac	idress)
Boston, MA 02110	
(City/ State	:/Zip)
The corporation agrees to notify the Department of State in	n the future of any change in its mailing address
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Windle (1) all	
(Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	a (Date)
,, -,, -,	
Michael F. Ceppi	President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**