# F06000006236

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	r)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	



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DEC 1 6 2018

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 422021 7446445

AUTHORIZATION : Spell Bless

COST LIMIT : \(\psi\)5<.00

ORDER DATE: December 14, 2016

ORDER TIME : 9:49 AM

ORDER NO. : 422021-010

CUSTOMER NO: 7446445

#### FOREIGN FILINGS

NAME: PATHWAYS COMMUNITY

CORRECTIONS, 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	4: 40
CUR I	Pathways Community Corrections, Inc.	T.O.
воро	(Name of Corporation)	
DOC	UMENT NUMBER: F06000006236	
The e	enclosed withdrawal application and fee are submitted for filing.	
	e return all correspondence concerning this or to the following:	
	Greg Pappas	
	(Name of Person)	
	Molina Healthcare, Inc.	
	(Firm/Company)	
	300 University Avenue, Suite 100	
	(Address)	
	Sacramento, CA 95825	
	(City/State and Zip code)	
For fi	urther information concerning this matter, please call:	
Greg	Pappas 916 646-9193 at ( )	
Enclo	(Name of Person) at ()  (Name of Person) (Area Code & Daytime Telephone Number)  osed is a check for the amount:	)
<b>√</b> \$3	Striling Fee \$\ \$43.75 \text{ Filing Fee & \$\ \$43.75 \text{ Filing Fee & \$\ \$52.50 \text{ Filing Fee, } \\ Certificate of Status & Certified Copy (Additional copy is Enclosed)  \$\	
	MAIT INC. ADDRESS: STREET ADDRESS:	

#### MAILING ADDRESS:

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

Amendment Section **Division of Corporations** 2661 Executive Center Circle Tallahassee, FL. 32301

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

Pathways Community Corrections, Inc.

(Name of Corpora	ation)
(	C C
F06000006236	ration)  TO STATE OF THE PROPERTY OF THE PROPE
(Document Number of Corpor	ration (if known)
	芫
Delaware	कं
(Incorporated Under	Laws of)
orporation is no longer transacting business or conduc	ting affairs within the State of Florida and here
rily surrenders its authority to transact business or conductivities.	
<b>,</b> <del></del>	
orporation revokes the authority of its registered age	
s the Department of State as its agent for service of j	process based on a cause of action arising dur
e it was authorized to transact business or conduct affa	
	ins in riorida.
lowing is a current mailing address for the corporation	
	ı:
owing is a current mailing address for the corporation	n: Oceangate, Suite 100
lowing is a current mailing address for the corporation  Molina Healthcare, Inc. Attn: Legal Department 200 C	n: Oceangate, Suite 100
owing is a current mailing address for the corporation  Molina Healthcare, Inc. Attn: Legal Department 200 C	n: Oceangate, Suite 100
lowing is a current mailing address for the corporation  Molina Healthcare, Inc. Attn: Legal Department 200 C  (Mailing Address  Long Beach, CA 90802	n: Oceangate, Suite 100 ss)
Molina Healthcare, Inc. Attn: Legal Department 200 C	n: Oceangate, Suite 100 ss)
lowing is a current mailing address for the corporation  Molina Healthcare, Inc. Attn: Legal Department 200 C  (Mailing Address  Long Beach, CA 90802	n: Oceangate, Suite 100 ss)
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Molina Healthcare, Inc. Attn: Legal Department 200 C  (Mailing Address  Long Beach, CA 90802	n: Oceangate, Suite 100 sss)
Molina Healthcare, Inc. Attn: Legal Department 200 C  (Mailing Address  Long Beach, CA 90802	Deceangate, Suite 100 ss)  p)  ne future of any change in its mailing address.
Molina Healthcare, Inc. Attn: Legal Department 200 C  (Mailing Address  Long Beach, CA 90802  (City/ State /Zij  poration agrees to notify the Department of State in the	n: Oceangate, Suite 100 ss)  p)  ne future of any change in its mailing address.  12/14/2016
lowing is a current mailing address for the corporation  Molina Healthcare, Inc. Attn: Legal Department 200 C  (Mailing Address  Long Beach, CA 90802	Deceangate, Suite 100 ss)  p)  ne future of any change in its mailing address.  12/14/2016
Molina Healthcare, Inc. Attn: Legal Department 200 C  (Mailing Address  Long Beach, CA 90802  (City/ State /Zij  poration agrees to notify the Department of State in the state of the country of the country of the department of the country of the	Decangate, Suite 100  p)  ne future of any change in its mailing address.  12/14/2016  (Date)
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FILING FEE \$35