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## COVER LETTER

|                                | endment Section<br>sion of Corporations   |  |  |
|--------------------------------|---|--|--|
| SUBJECT:                       | Sentinel Benefits Group, Inc.   |  |  |
|                                | (   | Name of Corporation  | )  |
| DOCUME                         | NT NUMBER:F070  | 00000234   |  |
| The enclose                    | d withdrawal application and fo   | e are submitted for fil  | ing.   |
| Please réturn<br>matter to the | n all correspondence concerning the following:  | nis  |  |
| An                             | tonella Marotti   |  |  |
|                                |   | (Name of Person)   |  |
| Sen                            | ntinel Benefits Group, Inc.   |  |  |
|                                |   | (Firm/Company)   |  |
| ۵/٥                            | Focus Financia) Parlners, 825 Third Av  | e., 27(b Fl.<br>   |  |
| •                              |   | (Address)  |  |
| No                             | w York, NY 10022  |  |  |
| -                              | (Cit  | y/State and Zip code)  |  |
| For further                    | information concerning this matter  | r, please call:  |  |
| <del></del>                    |   | at ()_   |  |
| Enclosed is                    | (Name of Person) a check for the amount:  | (Area Cod  | e & Daytime Telephone Number)  |
| \$35 Filin                     | ng Fee \$43.75 Filing Fee & Cortificate of Status   | \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | 552.50 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 |

Sentinel Benefits Group, Inc.



15 FEB -2 AM 10: 58

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

| -       | (Name of Corporation)  |
|---------|--|
| _       | F8700000234 (Document Number of Corporation (If known)   |
|         | (Document Number of Corporation (11 known)   |
| _       | Massachusetts (Incorporated Under Laws of)   |
|         | Constitution of the consti |
|         | oration is no longer transacting business or conducting affairs within the State of Florida and herei<br>y surrenders its authority to transact business or conduct affairs in Florida.  |
| oints 1 | oration revokes the authority of its registered agent in Florida to accept service on its behalf ar<br>the Department of State as its agent for service of process based on a cause of action arising during<br>twas authorized to transact business or conduct affairs in Florida.  |
| folio   | wing is a current mailing address for the corporation:   |
|         | c/o Focus Financial Partners, 825 Third Ave., 27th Fl.   |
| •       | (Mailing Address)  |
|         | New York, NY 10022   |
| •       | (City/ State /Zip)   |
|         | 12   |
| ·       | bration agrees to notify the Department of State in the future of any change in its mailing address.   |
| (S      | Ignature of a director, president or other officer + if in the hands of a (Date)/ econver of other court appointed fiduciary, by that fiduciary)   |
| ***     | James Shambon CFD  |
|         | (Typed or printed name of parson signing) (Title of person signing)  |

FILING FEE \$35