

F080000001426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

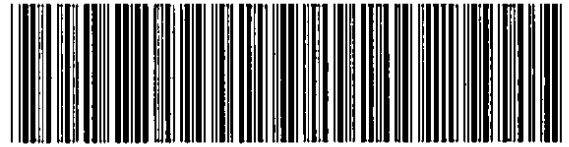
(Business Entity Name)

(Document Number)

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200381011902

Withdrawal

02/10/22--01014--020 \*\*43.75

2022 FEB 10 AM 8:38

CLERK OF STATE  
JANET F. GRIFFIN

FILED

A. RAMSEY

FEB 18 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Counseling Network, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F08000001426

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Michael J. Alicea

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 144448

\_\_\_\_\_  
(Address)

Coral Gables, Florida 33114

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Dr. Michael J. Alicea

at ( 305 ) 786-222-7671

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Counseling Network, Inc.

\_\_\_\_\_  
(Name of Corporation)

4278715

\_\_\_\_\_  
(Document Number of Corporation (if known))

State of Delaware

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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2022 FEB 10 AM 8:38

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:

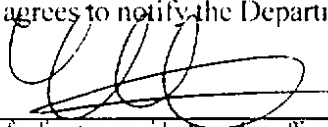
P.O. Box 144448

\_\_\_\_\_  
(Mailing Address)

Coral Gables, Florida 33114

\_\_\_\_\_  
(City/ State /Zip)

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

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

01/21/2022

\_\_\_\_\_  
(Date)

Dr. Michael J. Alicea

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO/President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**