## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

DISSOLUTION OR WITHDRAWAL NESTLE PURINA CLAIMS PROCESSING, INC.

Certificate of Status	0
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Corporate Filing Menu

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## **COVER LETTER**

	Amendment Section Division of Corporations		
	CT: Nestle Purina Claims Processing, I	nc.	
00202		(Name of Corporation	)
DOCU	MENT NUMBER: F08000004512	···	
The enc	losed withdrawal application and	fee are submitted for fil	ling.
	eturn all correspondence concernin o the following:	g this	
		(Name of Person)	
		(Firm/Company)	<del></del>
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		City/State and Zip code)	
For furti	her information concerning this ma	tter, please call:	
		at ()	e & Daytime Telephone Number)
Enclose	(Name of Person) d is a check for the amount:	(Area Cod	e & Daytime Telephone Number)
□\$35 I	Filing Fee \$\times \text{\$\frac{1}{2}\$}\$43.75 Filing Fee &\text{Certificate of Status}		Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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2014 AUG 20 AM 10: 50

## SUSPECIARY OF STATE TALLAHASSEE..FLORIDA APPLICATION BY FOREIGN CORPORATION FOR MITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Nestle Purina Claims Processing, Inc.	
(Name of Corporation)	
F08000004512	
(Document Number of Corporation (	if known)
Delaware	
(Incorporated Under Laws o	0
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in	s based on a cause of action arising during
The following is a current mailing address for the corporation:	
One Checkerboard Square (Mailing Address)	
(maning Auticss)	
St. Louis, MO 63164 (City/ State /Zip)	
(Ci.ji Olito Zip)	
The corporation agrees to hotify the Department of State in the futu	re of any change in its mailing address.
(Signature of a discreof, president of other officer - if in the hands of a receiver or other court appointed theuriary, by that fiduciary)	8/20/2014 (Date)
Hannah Larson	Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**