

F08 00000 4794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

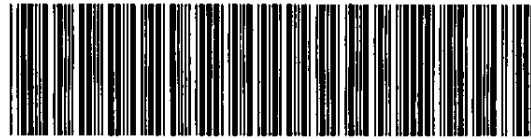
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAR 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 19 2014

C. CARROTHERS



120 Monument Circle
Indianapolis, IN 46204-4903

March 13, 2014

VIA UPS

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Withdrawals of Certificate of Authority

Dear Clerk:

Enclosed you will find the following documents (in duplicate) for filing, together with their respective cover letters, and a check in the amount of \$375.00 for filing fees:

- 1 ▪ AMERIGROUP New York, LLC – Notice of Withdrawal of Certificate of Authority (LLC)
- 2 ▪ AMERIGROUP Community Care of New Mexico, Inc. – Application for Withdrawal of Foreign Corporation
- 3 ▪ AMERIGROUP Louisiana, Inc. – Application for Withdrawal of Foreign Corporation
- 4 ▪ AMERIGROUP Maryland, Inc. – Application for Withdrawal of Foreign Corporation
- 5 ▪ AMERIGROUP Nevada, Inc. – Application for Withdrawal of Foreign Corporation
- 6 ▪ AMERIGROUP New Jersey, Inc. – Application for Withdrawal of Foreign Corporation
- 7 ▪ AMERIGROUP Ohio, Inc. – Application for Withdrawal of Foreign Corporation
- 8 ▪ AMERIGROUP Services, Inc. – Application for Withdrawal of Foreign Corporation
- 9 ▪ AMERIGROUP Tennessee, Inc. – Application for Withdrawal of Foreign Corporation
- 10 ▪ AMERIGROUP Texas, Inc. – Application for Withdrawal of Foreign Corporation
- 11 ▪ AMERIGROUP Georgia Managed Care Company, Inc. – Application for Withdrawal of Foreign Corporation

Please return file-marked copies in the enclosed UPS envelope provided for your convenience. Thank you for your assistance, and please contact me should you have any questions or concerns.

Sincerely,

Rachelle Richey
317-488-6307
rachelle.richey@wellpoint.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERIGROUP Community Care of New Mexico, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F08000004794

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

Please return all correspondence concerning this matter to the following:

Attn: Corporate Secretary

(Name of Person)

AMERIGROUP Community Care of New Mexico, Inc.

(Firm/Company)

120 Monument Circle

(Address)

Indianapolis, Indiana 46204

(City/State and Zip code)

For further information concerning this matter, please call:

Judy Kemp

at (317)

488-6213

(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
2661 Executive Center Circle
Tallahassee, FL 32301

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

AMERIGROUP Community Care of New Mexico, Inc.
(Name of Corporation)

F08000004794
(Document Number of Corporation (if known))

New Mexico
(Incorporated Under Laws of)

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:

Corporate Secretary, 120 Monument Circle
(Mailing Address)

Indianapolis, IN 46204
(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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)

3/12/14
(Date)

Kathleen S. Kiefer
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE \$35