

F09000002876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

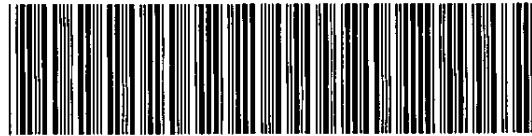
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600257132276

RECEIVED
DEPARTMENT OF STATE
14 APR 23 02:09

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS
14 APR 23 AM 8:36

Withdrewn
@ 4.24.14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 100950 7723243

AUTHORIZATION

A handwritten signature in dark ink, appearing to read "Lynette Coleman", is written over the word "AUTHORIZATION".

COST LIMIT : \$35.00

ORDER DATE : April 18, 2014

ORDER TIME : 10:25 AM

ORDER NO. : 100950-005

CUSTOMER NO: 7723243

FOREIGN FILINGS

NAME: SERVICE FIRST CLAIM
SOLUTIONS, INC.

XX___ CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX___ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT# 62940

EXAMINER:

A handwritten signature, possibly "1a", is written over a horizontal line.

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

Service First Claim Solution, Inc.

(Name of Corporation)

F09000002876

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 23 AM 8:36

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:

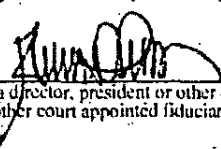
c/o Jessica McCormick, 13901 Sutton Park Drive South, Suite 310

(Mailing Address)

Jacksonville, FL 32224

(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)

Glenn S. Lawson

(Typed or printed name of person signing)

3/31/2014

(Date)

Treasurer

(Title of person signing)

FILING FEE \$35