## FILOWayev

· (Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJ	JECT: Benefit Allocation Syst	ems, Inc.			
		(Name of Corpor	ation)		
DOC	UMENT NUMBER: F11000002	2466			
The e	nclosed withdrawal application and	I fee are submitted for	or filing.		
	e return all correspondence concernin r to the following:	g this			
	Virginia Gastner				
		(Name of Person	)		
	Benefit Allocation Systems, LLC				
	(Firm/Company)				
	132 Ivy Lane, P O Box 62407				
		(Address)			
	King of Prussia, PA 19406	3			
	(	City/State and Zip c	ode)		
For fi	urther information concerning this ma	atter, please call:			
Virginia Gastner		<sub>at (</sub> 610	992-2525		
Enclo	(Name of Person) osed is a check for the amount:	(Area	Code & Daytime Telephone Number)		
\$3	5 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional cope Enclosed)	Certificate of Status & Certified		
	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

Benefit Allocation Systems, Inc	C.
(Name of Corpora	ation)
F11000002466	
(Document Number of Corpor	ration (if known)
PA	
(Incorporated Under	Laws of)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority of its registered age appoints the Department of State as its agent for service of plantage of the conductive state of the con	nduct affairs in Florida.  In the in Florida to accept service on its behalf and process based on a cause of action arising during
the time it was authorized to transact business or conduct affa	
The following is a current mailing address for the corporation	1:
132 Ivy Lane, P O Box 62407	<u> </u>
(Mailing Address King of Prussia, PA 19406	SS) FAR THE
(City/ State /Zi	
The corporation agrees to notify the Department of State in the	
	04/08/2016
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Virginia Gastner	Sr VP
(Typed or printed name of norson signing)	(Title of person signing)

**FILING FEE \$35**