

# FI2000001353

\_\_\_\_\_  
(Requestor's Name)

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

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

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

☐ PICK-UP

☐ WAIT

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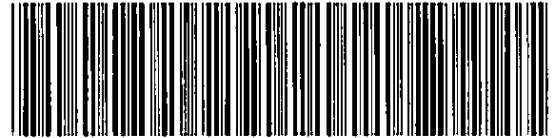
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 058120 7446445

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : November 20, 2019

ORDER TIME : 9:42 AM

ORDER NO. : 058120-005

CUSTOMER NO: 7446445

FOREIGN FILINGS

NAME: MOLINA MEDICAL MANAGEMENT,  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Molina Medical Management, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F12000001353

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

Please return all correspondence concerning this matter to the following:

Damara Sweatman

(Name of Person)

Molina Healthcare, Inc.

(Firm/Company)

2180 Harvard Street, Suite 100

(Address)

Sacramento, CA 95815

(City/State and Zip code)

For further information concerning this matter, please call:

Damara Sweatman

(Name of Person)

at ( 916 ) 646-9193

(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**

Molina Medical Management, Inc.

(Name of Corporation)

F12000001353

(Document Number of Corporation (if known))

California

(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:

Molina Healthcare, Inc., Legal Department, 200 Oceangate, Suite 100

(Mailing Address)

Long Beach, CA 90802

(City/ State /Zip)

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

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

November 20, 2019

(Date)

Jeff D. Barlow

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35**