F16000002694 (Requestor's Name) (Address) 100345573701 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) 06/01/28--01835--018 **35.00 (Document Number) Certified Copies _____ Certificates of Status FILED 2020 JUH-1 PH 5: 1 Special Instructions to Filing Officer: Mithdrawal Office Use Only JUN 1 8 2020 I ALBRITTON

	CO	OVER LETTE	R			
-	Amendment Section Division of Corporations					
SUBJE	E Claims Management, Inc.					
(Name of Corporation)						
DOCUMENT NUMBER:						
The enclosed withdrawal application and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Patricia Boudrot					
(Name of Person)						
eRisk Solutions, LLC						
(Firm/Company)						
	10 Centennial Drive, Suite 201					
(Address)						
Peabody, MA 01960						
	(Cit	y/State and Zip co	ode)			
For further information concerning this matter, please call:						
Patricia Boudrot		978 at (531-1822			
(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 Fo Certified Copy (Additional cop 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			

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

E Claims Manageme	ent, Inc.	TOT S
	(Name of Corporation)	
F16000002694		
	(Document Number of Corporation (if known)	H 5: 10
Massachusetts		
	(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:

10 Centennial Drive, Suite 201	
(Mailing Address)	
Peabody, MA 01960	
(Čity/ State /Zip)	
rporation agrees to notify the Department of State in the fu	ture of any change in its mailing address.
rporation agrees to notify the Department of State in the fu	ture of any change in its maning address.
(Tota Free Aret	10/18/2019
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)

The co

Patricia Boudrot

Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35