

F16000004080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

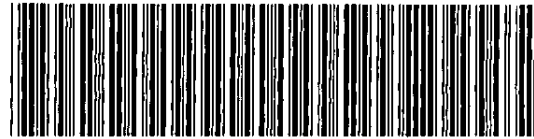
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S. TALLENT

MAY 05 2017

with

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17 MAY -4 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2017 MAY -4 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 628041 7446445

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : May 4, 2017

ORDER TIME : 1:27 PM

ORDER NO. : 628041-005

CUSTOMER NO: 7446445

FOREIGN FILINGS

NAME: MOLINA HEALTHCARE OF TEXAS
INSURANCE COMPANY

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: Melissa Zender - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Molina Healthcare of Texas Insurance Company

(Name of Corporation)

DOCUMENT NUMBER: F16000004080

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

Please return all correspondence concerning this
matter to the following:

Greg Pappas

(Name of Person)

Molina Healthcare, Inc.

(Firm/Company)

300 University Avenue, Suite 100

(Address)

Sacramento, CA 95825

(City/State and Zip code)

For further information concerning this matter, please call:

Greg Pappas

at (916) 646-9193

(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**

Molina Healthcare of Texas Insurance Company

(Name of Corporation)

F16000004080

(Document Number of Corporation (if known))

Texas

(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. Attn: Legal Department 200 OceanGate, Suite 100

(Mailing Address)

Long Beach, CA 90802

(City/ State /Zip)

FILED
17 MAY 14 AM 8:37
STATE OF FLORIDA
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)

05/03/2017

(Date)

Jeff D. Barlow

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35