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(((H20000364521 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone

: (850)521-0821

Fax Number

: (850)558-1515

## DISSOLUTION OR WITHDRAWAL PAYFORMANCE SOLUTIONS, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
Payformance Solutions, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: F18000004552	
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jacqueline Livernois	
	(Name of Person)
Altarum Institute	
	(Firm/Company)
3520 Green Court, Suite 300	
	(Address)
Ann Arbot, MI 48105	
(C	City/State and Zip code)
For further information concerning this mat	ter, please call:
Jacqueline Livernois	at ( 734 ) 302-4672 (Area Code & Daytime Telephone Number)
(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 & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed)  ☐ \$43.75 Filing Fee & ☐ \$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Erwelope ID: B08E9849-2494-48DA-912F-CF6F9211C6D0

Payformance Solutions, Inc.

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

	(Name of Corporation	n)
F18000004552	2	
***************************************	(Document Number of Corporation	on (if known)
Delaware	10/02/2018	
(Incorpo	orated Under Laws of and date authorized to trans	sact business/conduct its affairs)
rily surrenders	longer transacting business or conducting its authority to transact business or conducting	ct affairs in Florida.
s the Departme	kes the authority of its registered agent in the of State as its agent for service of proce to transact business or conduct affairs in F	ss based on a cause of action arising du
was authorized	to transact business of conduct arrains in a	Toriua,
owing is a curr	rent mailing address for the corporation:	· .
c/o Tracy Lawy	yer, 3520 Green Court, Suite 300	,
c/o Tracy Law	yer, 3520 Green Court, Suite 300 (Mailing Address)	. )
c/o Tracy Lawy		· · · · · · · · · · · · · · · · · · ·
c/o Tracy Lawy	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Ann Arbor, Ml	(Mailing Address)	
Ann Arbor, MI  poration agrees  — Decusioned by:	(Mailing Address)  1 48015  (City/ State /Zip)  s to notify the Department of State in the fi	
Ann Arbor, Mi	(Mailing Address)  1 48015  (City/ State /Zip)	uture of any change in its mailing addre
Ann Arbor, Mi	(Mailing Address)  1 48015  (City/ State /Zip)  S to notify the Department of State in the fi	uture of any change in its mailing addre

FILING FEE \$35