

# F20000002542

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

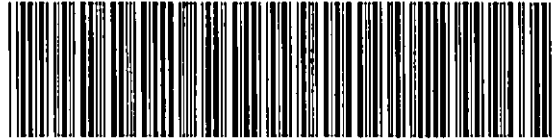
\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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2024 OCT -3 PM 3:43

TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Comprehensive Mobile Care Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F20000002542

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

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

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/03/2024

Acc#I20160000072

*en: c DW*

Name:	Comprehensive Mobile Care Inc.
Document #:	
Order #:	15879433

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<b>1-2 filing (1st)</b>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	<b>withdrawal 1st, registration 2nd</b>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

**Thank you!**

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

Comprehensive Mobile Care Inc.

(Name of Corporation)

F20000002542

(Document Number of Corporation (if known))

AZ

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

TALLAHASSEE, FLORIDA

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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:


21175 N 9TH PL STE 100

(Mailing Address)

PHOENIX AZ 85024-5632

(City/ State /Zip)

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)

Lindsey Goldsmith-Weiss

(Typed or printed name of person signing)

9/24/24

(Date)

Treasurer/CFO

(Title of person signing)

**FILING FEE \$35**