

F20000003094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

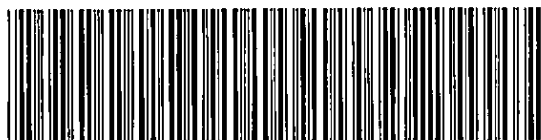
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Withdrawal

FILED
2023 MAR -1 AM 10:25
SECRETARY OF STATE
ATLANTA, GEORGIA

RECEIVED
2023 MAR -1 PM 1:14
ATTORNEY GENERAL

A. RAMSEY

MAR 02 2023

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/01/2023

Acc#120160000072

Eric Dill

Name:	Copilot Provider Support Services, Inc.
Document #:	
Order #:	14808832 - 12

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input 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: \$ 43.75

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Copilot Provider Support Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F20000003094

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

Please return all correspondence concerning this matter to the following:

Charles Stevens

(Name of Person)

(Firm/Company)

601 South Lake Destiny Road 300

(Address)

Maitland, FL 32751

(City/State and Zip code)

For further information concerning this matter, please call:

Charles Stevens

at (855) 272-1128

(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

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

Copilot Provider Support Services, Inc.

(Name of Corporation)

F20000003094

(Document Number of Corporation (if known))

New York, 07/10/2020

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

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

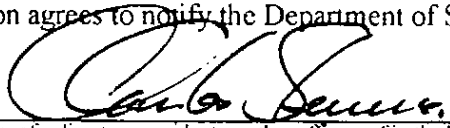
601 South Lake Destiny Road, Suite 300

(Mailing Address)

Maitland, FL 32751

(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)

11/14/2022

(Date)

Charles Stevens

(Typed or printed name of person signing)

Chief Operating Officer

(Title of person signing)

FILING FEE \$35