

F940000001778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

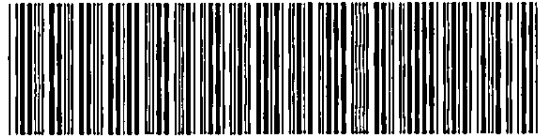
(Business Entity Name)

(Document Number)

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RECEIVED  
19 JUN 20 PM 4:36

24 JUN 20 PM 1:00

JUN 21 2019  
C McN...

Cm

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

ACCOUNT NO. : I20000000195

REFERENCE : 816177 8265146

AUTHORIZATION :

COST LIMIT : \$ 43.75

ORDER DATE : June 20, 2019

ORDER TIME : 3:23 PM

ORDER NO. : 816177-005

CUSTOMER NO: 8265146

FOREIGN FILINGS

NAME: COMPREHENSIVE HEALTH SERVICES,  
INC

XX CORPORATE  
LIMITED PARTNERSHIP  
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMPREHENSIVE HEALTH SERVICES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** F94000001778

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

Please return all correspondence concerning this  
matter to the following:

KELLY MCINTYRE

(Name of Person)

CALIBURN INTERNATIONAL, LLC (PARENT COMPANY)

(Firm/Company)

10701 PARKRIDGE BLVD, SUITE 200

(Address)

RESTON, VA 20191

(City/State and Zip code)

For further information concerning this matter, please call:

KELLY MCINTYRE

at ( 703 ) 261-0374

(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**

COMPREHENSIVE HEALTH SERVICES, INC

(Name of Corporation)

F94000001778

(Document Number of Corporation (if known))

DELAWARE

(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:

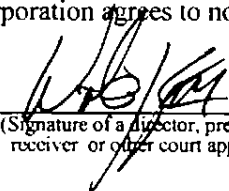
8810 ASTRONAUT BOULEVARD

(Mailing Address)

CAPE CANAVERAL, FL 32920

(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)

WILLIAM KING

(Typed or printed name of person signing)

JUNE 20, 2019

(Date)

GENERAL COUNSEL & SECRETARY

(Title of person signing)

**FILING FEE \$35**