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(Re	equestor's Name)		
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COVER LETTER

TO:	Amendment Section			
	Division of Corporations			
SUBJ	IECT: Chickering Claims Administrator, I	Inc		
	···	(Name of Corporation)		
DOC	UMENT NUMBER:			
The er	nclosed withdrawal application and	fee are submitted for filing.		
	e return all correspondence concerning to the following:	g this		
	Caitlin Roux-Halloran			
	and the second s	(Name of Person)		
	Chickering Claims Administrator, Inc.			
	(Firm/Company)			
	151 Farmington Ave., RW61			
		(Address)		
	Hartford, CT 06156			
	(City/State and Zip code)		
For fu	urther information concerning this ma	atter, please call:		
Caitlin	n Roux-Halloran	at () 273-2259		
Enclo	(Name of Person) osed is a check for the amount:	(Area Code & Daytime Telephone Number)		
\$3.	55 Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status			
	MAILING ADDRESS:	STREET ADDRESS: Amendment Section		
	a menament Section	A DEDOMENT SECOND		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

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

(Name of Corporation)	
	D. D. J. / /
(Document Number of Corporation	0/3/14 W
(Doublettine)	(a known)
Massachusetts	77.
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceeding it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
151 Farmington Ave., RW61	
(Mailing Address)	
Hartford, CT 06156	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fur	ture of any change in its mailing address.
	01/07/2015
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Edward C. Lee	Clerk
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35