

F97000006398

Requestor's Name

BerkleyCare
639 E Ocean Ave #403
Boynton Beach FL 33435

City/State/Zip

Phone #

000003146420--9

-02/24/00--01063--020

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 FEB 24 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ac 3/8

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

Berkeley Care Network, Inc.

(Name of Corporation)

North Carolina

(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

195 Scott Swamp Road

(Mailing Address)

Farmington, CT 06032

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

David A. Rome

Signature of the chairman or vice chairman of the board,
president, or any officer.

Secretary

Title

David A. Rome

Typed or printed name

Feb. 15, 2000

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB 24 PM 1:36

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