F98000000915

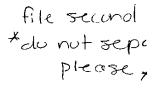
(Re	questor's Name)			
(Ad	dress)	<u>.</u>		
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
•				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				





200263152242

DEPARTMENT OF STATE





CORPORATION SERVICE COMPANY

	ACCOUNT NO.	:	120000000	195
	REFERENCE	:	313316	7263946
	AUTHORIZATION	:	Louis Et	laan
	COST LIMIT	:	\$ (43.75	e soo
ORDER DATE :	September 24, 20	14		
ORDER TIME :	8:32 AM			
ORDER NO. :	313316-010			
CUSTOMER NO:	7263946			
	 			
	FOREIGN F	ILI	<u>NGS</u>	
NAME:	CYPRESS BENEF	ΙΤ	SERVICES, 1	INC.
	TE PARTNERSHIP LIABILITY COMPAN	Y		
XXXX WITHDRAW	AL/CANCELLATION			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	ING:
XXCERTII	FIED COPY			
CERTII	FICATE OF STATUS			
CERTII	FICATE OF STATUS N: Courtney Will	iam	s - EXT# 62	2935

COVER LETTER

		;		•	
TO:	Amendment Section Division of Corporations	:		1	
SÙBJ	Cypress Benefit Services, Inc.	; #		; ;	
20100	DC1.	(Name of Co	ornoration)	t .	
	E0900000015				
DOC	JMENT NUMBER: F98000000915	<u> </u>	<u> </u>	,	
The er	nclosed withdrawal application and f	ee are submi	tted_for filing.		
	return all correspondence concerning to the following:	this		İ	
	Monique Herring			1	
•		(Name of Po	erson)	į	
	Reed Smith LLP	: :			
		(Firm/Com	pany)		
	1901 Avenue of the Stars, Suite 700			·	
				:	
		(Addres	(S)	!	
	Los Angeles, CA 90067			<u> </u>	
	(C	ity/State and	Zip code)		
For fu	rther information concerning this matte	: er nlesse cal	1.		
	ue Herring		734-5430		
MOUNT	-	at (³¹⁰)	1	
Enclos	(Name of Person) sed is a check for the amount:	: (.	Area Code & Day	time Telephone Number)	
\$35	Filing Fee \$\(\sum_{\text{\$43.75}}\) Filing Fee & \(\sum_{\text{Certificate of Status}}\)	\$43.75 Fili Certified C (Additiona Enclosed)	opy Ce d copy is Co	2.50 Filing Fee, rtificate of Status & Certific ppy (Additional copy is encl	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		Amend Division 2661 E	ET ADDRESS: Iment Section of Corporations Accutive Center Circle Seee, FL. 32301	

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

(Name of Corporation)

Cypress Benefit Services, Inc.

F98000000915	· :		
(Document Nu	mber of Corporation	if known)	
: Deławare	E 6		
(Incon	porated Under Laws of	of)	
	1		
This corporation is no longer transacting busine voluntarily surrenders its authority to transact bu			Florida and hereby
This corporation revokes the authority of its reappoints the Department of State as its agent for the time it was authorized to transact business or	r service of proce	ss based on a cause of ac	
The following is a current mailing address for th	e corporation:		
101 N. Brand Blvd., Suite 1950	A		14 S
. (Mailing Address)		
Glendale, CA 91203	**************************************		で 25 程
t	(City/ State /Zip)		ယ
	1		
The corporation agrees to notify the Department	of State in the futi	are of any change in its ma	ailing address.
Bonbana a Helley		9/23/14.	
(Signature of a director, president or other officer - if it receiver or other court appointed fiduciary, by that fi	n the hands of a ductary)	(Date)	
Barbara A. Kelley		Director and Treasurer	
(Typed or printed name of person signing)		(Title of person s	igning)
FI	LING FEE \$35		