

F98000000915

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF STATE  
14 SEP 25 PM 4:45

Withdrawn  
9/26/14  
DC  
FILED  
14 SEP 25 PM 3:11



CORPORATION SERVICE COMPANY

file second  
\*do not sepa  
please,

ACCOUNT NO. : I200000000195

REFERENCE : 313316 7263946

AUTHORIZATION :

COST LIMIT : \$43.75

*[Handwritten signature]*

ORDER DATE : September 24, 2014

ORDER TIME : 8:32 AM

ORDER NO. : 313316-010

CUSTOMER NO: 7263946

FOREIGN FILINGS

NAME: CYPRESS BENEFIT 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: Courtney Williams - EXT# 62935

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cypress Benefit Services, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F98000000915

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

Please return all correspondence concerning this matter to the following:

Monique Herring

(Name of Person)

Reed Smith LLP

(Firm/Company)

1901 Avenue of the Stars, Suite 700

(Address)

Los Angeles, CA 90067

(City/State and Zip code)

For further information concerning this matter, please call:

Monique Herring

at (310) 734-5430

(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**

Cypress Benefit Services, Inc.

(Name of Corporation)

F98000000915

(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:

101 N. Brand Blvd., Suite 1950

(Mailing Address)

Glendale, CA 91203

(City/ State /Zip)

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

*Barbara A. Kelley*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Barbara A. Kelley

(Typed or printed name of person signing)

*9/23/14*

(Date)

Director and Treasurer

(Title of person signing)

**FILING FEE \$35**

14 SEP 25 PM 3:11