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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-0821

Fax Number

: (850)558-1515

DISSOLUTION OR WITHDRAWAL BERKELEY HOLDING COMPANY ASSOCIATES, INC.

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COVER LETTER

10:	Division of Corporations
SUBJ	ECT: Berkeley Holding Company Associates, Inc.
270,120	(Name of Corporation)
DOC	MENT NUMBER:
The er	closed withdrawal application and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Michael B. Garvey
	(Name of Person)
	Liberty Mutual Insurance Company
	(Firm/Company)
	175 Berkeley Street
	(Address)
	Boston, MA 02116
	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
	(Name of Person) at (617)654-4749 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the amount:
■ \$35	Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is Enclosed) Copy (Additional copy is enclosed)
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

4/004

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

(Name of Corporatio	π)
(Document Number of Corporate	on (il known)
MA 04/16/1998	
(Incorporated Under Laws of and date authorized to tran	sact business/conduct its affairs)
nis corporation revokes the authority of its registered agent points the Department of State as its agent for service of proceed in the process of the proce	ess based on a cause of action arising durin
e following is a current mailing address for the corporation: 175 Berkeley Street	2020
(Mailing Address)	<u> </u>
•	W6 21
(Mailing Address)	
(Mailing Address) Boston, MA 02116 (City/ State /Zip)	21 D T T T T T T T T T T T T T T T T T T
Boston, MA 02116 (City/ State /Zip) ne corporation agrees to notify the Department of State in the f	21 D T T T T T T T T T T T T T T T T T T
Boston, MA 02116 (City/ State /Zip) ne corporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
Boston, MA 02116 (City/ State /Zip) The corporation agrees to notify the Department of State in the following the corporation agrees to notify the Department of State in the following the corporation is uniformly the Department of State in the following the corporation is uniformly the Department of the following the corporation of the confidence of the corporation of t	uture of any change in its mailing address. August 19, 2020

FILING FEE \$35