

M0000000002623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

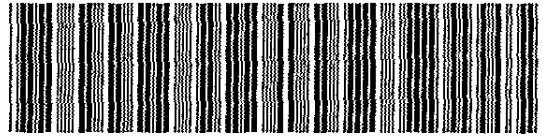
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04 MAY 27 11:10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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6-2-04



## UnitedHealth Group

UnitedHealth Group Legal Services Department  
CT030-15NB 450 Columbus Boulevard Hartford CT 06103

May 25, 2004

**VIA USPS EXPRESS**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Clarite, LLC

Dear Sir or Madam:

Enclosed for filing on behalf of Clarite, LLC, please find the following:

- The Application of Foreign Limited Liability Company for Withdrawal of Authority; and
- Check number 02609399 in the amount of \$25.00 for the requisite filing fee.

Please return any correspondence to Keri Meddaugh, CT030-15NB, Clarite, LLC, 450 Columbus Blvd., Hartford, CT 06103. Should you have any questions regarding the foregoing please feel free to contact me at 860-702-9588 or via email at [keri\\_jean\\_meddaugh@uhc.com](mailto:keri_jean_meddaugh@uhc.com).

Very truly yours,

Keri Meddaugh

04 MAY 27 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ADVISED  
AND  
FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

Clarite, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

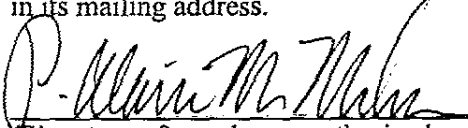
450 Columbus Blvd., CT030-15NB

(Mailing address)

Hartford, CT 06103

(City/State/Zip)

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



(Signature of member or authorized representative of a member)

P. Alain McMahon - Asst. Secretary of United Healthcare Ins. Co.

(Typed or printed name of signee)

RECEIVED  
AND  
FILED  
04 MAY 27 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**