

107000000117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

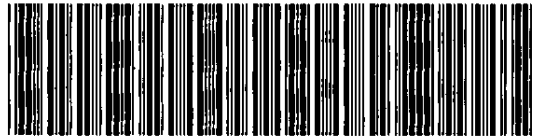
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/09--01031--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 27 AM 11:22

T. HAMPTON

MAY 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CareAllies, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Shank

(Name of Person)

CIGNA Corporation

(Firm/Company)

1601 Chestnut Street, Two Liberty

(Address)

Philadelphia, PA 19192

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Shank

(Name of Person)

at (215) 761.6244

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

Jennifer A. Shank
Legal Assistant
Office of the Corporate Secretary
1601 Chestnut Street – Two Liberty
Philadelphia, PA 19192



May 21, 2009

TL16F
Telephone 215.761.6244
Facsimile 215.761.3596
Jennifer.Shank@CIGNA.com

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

RE: Withdrawal of Authority to Transact Business in Florida
CareAllies, LLC – Entity # M07000000117

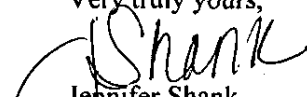
Dear Sir/Madam:

Enclosed for filing purposes, please find an executed Withdrawal of Authority to Transact Business, being filed on behalf of CareAllies, LLC, a foreign LLC in the State of Florida.

Also enclosed is a check in the amount of \$25.00 to cover the fee associated with this filing.

Should you have any questions/concerns regarding the filing of these documents, please do not hesitate to contact me. Thank you.

Very truly yours,


Jennifer Shank
Assistant Secretary,
CareAllies, LLC

Enclosures

Check Information:

Maker: Connecticut General Life Insurance Co.
Number: 6001325
Amount: \$25.00

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

CareAllies, 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.

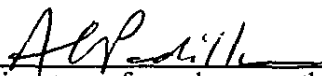
Incoming Legal, c/o Susan Urso, 900 Cottage Grove Road

(Mailing address)

Hartford, CT 06152

(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)

Anthony Padilla, Assistant Secretary, Connecticut General Life Ins. Co., Sole Member

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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