

MO9000000682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

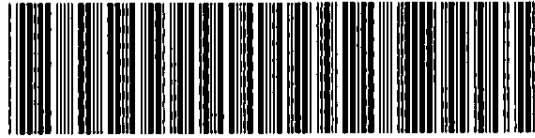
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**B. KOHR**

JAN 30 2012

**EXAMINER**



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12 JAN 30 PM 1:48

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JAN 30 PM 3:40



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 076677 4809298  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 30 PM 3:40

ORDER DATE : January 30, 2012  
ORDER TIME : 11:21 AM  
ORDER NO. : 076677-005  
CUSTOMER NO: 4809298

FOREIGN FILINGS

NAME: CARE MANAGEMENT TECHNOLOGIES,  
LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Becky Peirce - EXT# 2919

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

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 30 PM 3:40

Care Management Technologies, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M09000000682

(Florida Document Number)

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.

88 Park Avenue, Suite 2A

(Mailing address)

Nutley, New Jersey 07110

(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)

Noah Franzblau, Authorized Representative

(Typed or printed name of signee)

**Filing Fee: \$25.00**