

P17120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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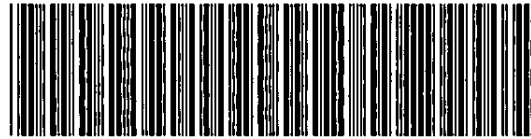
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



**Liberty
Mutual.**
INSURANCE

Liberty Mutual Insurance

MEGAN A. FEIN

Senior Paralegal

175 Berkeley Street, J09H

Boston, MA 02116

Telephone: (617) 654-3095

Facsimile: (617) 574-5830

Megan.Fein@libertymutual.com

April 18, 2014

BY UPS MAIL

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

RE: Cascade Disability Management, Inc.

Dear Sir or Madam:

Enclosed please find a Application by Foreign Corporation for Withdrawal of Authority to Transact Business in Florida on behalf of Cascade Disability Management, Inc. along with a check in the amount of \$35 representing the associated filing fee.

Please acknowledge receipt and filing of the enclosures by date-stamping the enclosed copy of this letter and returning the same to me in the self-addressed, postage paid envelope provided.

Please do not hesitate to contact me if you have any questions or comments with respect to the enclosed.

Regards,

Megan A. Fein

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cascade Disability Management, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P17120

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

Please return all correspondence concerning this matter to the following:

Megan A. Fein

(Name of Person)

Liberty Mutual Managed Care LLC

(Firm/Company)

175 Berkeley Street

(Address)

Boston, MA 02116

(City/State and Zip code)

For further information concerning this matter, please call:

Megan A. Fein

at (617) 654-3095

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Cascade Disability Management, Inc.

(Name of Corporation)

P17120

(Document Number of Corporation (if known))

Washington

(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:

c/o Liberty Mutual Managed Care LLC

(Mailing Address)

175 Berkeley Street, Boston, MA 02116

(City/ State /Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



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

4/18/14

(Date)

James R. Pugh

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35