

P21443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

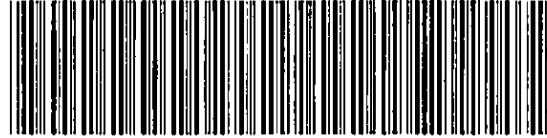
(Document Number)

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2023 FEB 20 AM 8:32

STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED

2023 FEB 20 AM 11:28

Div. Director
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

of 2/21/2023

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 380248 8331191

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 15, 2023

ORDER TIME : 9:29 AM

ORDER NO. : 380248-025

CUSTOMER NO: 8331191

FOREIGN FILINGS

NAME: WELLINGTON CLAIM SERVICE, INC.

☒ 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: Eyliena Baker - EXT#

EXAMINER: _____

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

Wellington Claim Service, Inc.

(Name of Corporation)

P21443

(Document Number of Corporation (if known))

TX 10/25/1988

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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 Hasana Stanberry, Truist, 214 N. Tryon St.

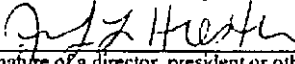
(Mailing Address)

Charlotte, NC 28202-1078

(City/ State /Zip)

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2023 FEB 20 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FL

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)

2/17/2023

(Date)

Jennifer Hiester

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35