# F06000006229

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	<del></del>
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



500192296605

01/25/11--01024--026 \*\*35.00





### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VISIONLOAN, INC
(Name of Corporation)
DOCUMENT NUMBER: F06000006229
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CASS WOLFENBERGER
(Name of Person)
VISIONLOAN,INC
(Firm/Company)
6724 COMMONWEALTH DRIVE
(Address)
LOVES PARK, IL 611111
(City/State and Zip code)
For further information concerning this matter, please call:
CASS WOLFENBERGER at ( 815 ) 654-7150
(Name of Person) (Area Code & Daytime Telephone Number)

#### **MAILING ADDRESS:**

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

#### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

VISIONLOAN, IN

(Name of Corporation)		
F0600006229		
(Document Number of Corporation (if known)		
(2000)		
ILLINOIS		
(Incorporated Under Laws of)		
	•	
This corporation is no longer transacting business or conducting affairs within the State of voluntarily surrenders its authority to transact business or conduct affairs in Florida.	Florida an	d hereby
This corporation revokes the authority of its registered agent in Florida to accept service appoints the Department of State as its agent for service of process based on a cause of actio time it was authorized to transact business or conduct affairs in Florida.	e on its be n arising d	half and uring the
The following is a current mailing address for the corporation:		professional transferrence to
6724 COMMONWEALTH DRIVE		<del></del> -
(Mailing Address)		
		3
LOVES PARK, IL 61111		
(City/ State /Zip)		382 33 38
	E I	. <del>.</del>
The corporation agrees to notify the Department of State in the future of any change in its ma	ailing addr	ess.
11.91		
1/20/11	(	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)		<u></u>
1		
Care 11) Enganced Alexan		
(Typed or printed name of person signing) (Title of person	signing)	<del></del>

**FILING FEE \$35**