

F1400000 4475

(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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05/06/16--01001--002 **43.75

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 MAY -5 AM 9:08

FILED

Withdrawal

NOT NECESSARY
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

16 MAY -5 PM 3:20

RECEIVED
DEPARTMENT OF STATE

MAY 06 2016

D CONNELL

CT

May 5, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9994624 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Mortgage Professionals Providing Hope, Inc. (FL)
Dissolution
Florida

Mortgage Professionals Providing Hope, Inc. (FL)
Obtain Document - Misc - certified copy of withdrawal
evidence
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mortgage Professionals Providing Hope, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F14000004475

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

Please return all correspondence concerning this matter to the following:

Dale Vermillion
(Name of Person)
Vermillion Consulting, Inc.
(Firm/Company)
495 Grand Blvd., Suite 206
(Address)
Miramar Beach, FL 32250
(City/State and Zip code)

For further information concerning this matter, please call:

Lee A. Arbus, Attorney at (847) 509-7700
(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

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

Mortgage Professionals Providing Hope, Inc.

(Name of Corporation)

F14000004475

(Document Number of Corporation (if known))

Illinois

(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:

495 Grand Blvd., Suite 206

(Mailing Address)

Miramar Beach, FL 32250

(City/ State/Zip)

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)

Dale Vermillion

(Typed or printed name of person signing)

5/1/16

(Date)

President

(Title of person signing)

FILING FEE \$35

FILED
16 MAY -5 AM 9:08
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA