M0000000853

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
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Office Use Only



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B. KOHR

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EXAMINER

9 JUN 25 AM 10: 15
SECRETARY OF STATE
JALLAHASSEE, FLORIDA



| ON SERVICE COMPANY. | 00 |
|--|--|
| ACCOUNT NO. | . : 120000000195 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| REFERENCE | E : 048451 5142120 |
| AUTHORIZATION | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| COST LIMIT | 1 : Spullelenan |
| ORDER DATE : June 25, 2009 | |
| ORDER TIME : 2:16 PM | · |
| ORDER NO. : 048451-025 | |
| CUSTOMER NO: 5142120 | |
| NAME: SPH MORTGAGE | E, LLC |
| CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPA | ANY |
| XXXX WITHDRAWAL/CANCELLATION | |
| PLEASE RETURN THE FOLLOWING A | AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS | 5 |
| CONTACT PERSON: Susie Knight | - EXT# 2956 |
| | EXAMINER. |

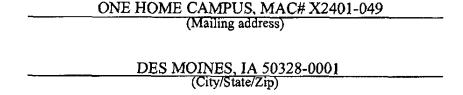
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| | A PERMIT |
|-------------------------------------|----------|
| SPH MORTGAGE, LLC | EO EO |
| (Name of limited liability company) | 1 120 10 |
| DELAWARE | Ser o |
| (Jurisdiction of its organization) | A DA |

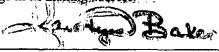
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This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.



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)

KAROLYN BAKER, VICE-PRESIDENT

(Typed or printed name of signee)

Filing Fee: \$25.00