MU3000003173

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
Certified Copies		f Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



700158334067

O9 JUL 22 PM 4: 11

B. KOHR

JUL 2 3 2009

EXAMINER

FILED

09 JUL 22 AM 9: 35

SECRETARY OF STATE
TALLAHASSEE, FLORINA



ACCOUNT NO. : I2000000195

REFERENCE :

074054

5142120

AUTHORIZATION

ORDER DATE: July 22, 2009

ORDER TIME : 2:01 PM

ORDER NO. : 074054-005

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME:

RESIDENTIAL COMMUNITY MORTGAGE COMPANY, LLC

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT# 2949

EXAMINER:

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

RESIDENTIAL COMMUNITY MORTGAGE COMPANY, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

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.

ONE HOME CAMPUS, MAC# X2401-049	
(Mailing address)	
DES MOINES, IA 50328-0001	
(City/State/Zip)	

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