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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
. (Ви	usiness Entity Nan	ne)
(Do	ocument Number)	<del>-</del>
Certified Copies	Certificates	of Status
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2017 JUL II AM 10: 45 SEGRETARY OF STATE TALLAHASSEE.FLORIO

STORY SELECTION

12 JUL 11 AM 10: 02
SEUNE DEST OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 1 2 2012

EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE: 269432 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: July 9, 2012 ORDER TIME: 4:16 PM ORDER NO. : 269432-145 CUSTOMER NO: 5142120 FOREIGN FILINGS NAME: NUCOMPASS MORTGAGE SERVICES, LLCCORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Becky Peirce - EXT# 2919

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

EXAMINER:

TO: Registratio Division of	n Section f Corporations				
SUBJECT: NuC	ompass Mortgage Serv	ices, LLC			
		reign Limited Liabi	lity Company)		
Dear Sir or Madam:					
The enclosed withdr	rawal and fee(s) are submitte	ed for filing.	·		
Please return all con	respondence concerning this	s matter to the follo	wing:		
Karolyn Baker					
	(Name of Person)				
Wells Fargo Ver	nturas IIC				
Wells Faigu Ve	(Firm/Company)			12 SEI	
				2 JUL 11 6 URE MEX	Ţ
One Home Cam	pus, MAC X2401-05W	,		ASS I	NAME OF TAXABLE PARTY.
	(Address)			W.C. E	
Des Moines, IA	50328			I AN IO: 02	-
	(City/State and Zip Coo	le)	<del></del>	O2	
For further informat	ion concerning this matter,	please call:		•	
Karolyn Baker		at (515	213-5548		
(N	ame of Person)	(Area Co	de & Daytime Telephone Numbe	r)	
Registration Division of Clifton Bui 2661 Execu	Corporations	Ro Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314		
Enclosed is a check	for the following amount:	:			
□ \$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee Certified Copy		&	

**COVER LETTER** 

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

NuCompass Mortgage Services, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0300004155
(Florida Document Number)
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 X2401-05W
(Mailing address)
Des Moincs, IA 50328
(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)
Signature of member of authorized representative of a member)
Karolyn Baker, Vice President
Typed or printed name of signee)  SSECTION 10: 02  Typed or printed name of signee)

Filing Fee: \$25.00