

MO40000000886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

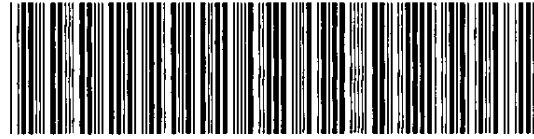
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 MAY 14 AM 10: 59

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B. KOHR
MAY 14 2009
EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 14 PM 12: 55

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 993219 5142120
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : May 13, 2009
ORDER TIME : 9:01 AM
ORDER NO. : 993219-060
CUSTOMER NO: 5142120

FILED
09 MAY 14 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: WINDWARD HOME MORTGAGE, LLC

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER: _____

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

WINDWARD HOME MORTGAGE, 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.

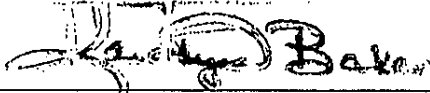
ONE HOME CAMPUS, MAC# X2401-049

(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)

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TALLAHASSEE, FLORIDA

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