

MU4UUUUUU4938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

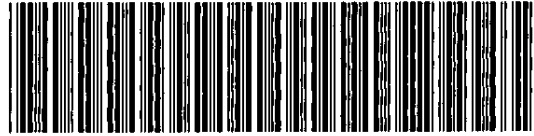
(Document Number)

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**B. KOHR**  
AUG 24 2011  
**EXAMINER**



600210262446

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG 24 AM 10:37  
NOT FORWARDED  
TO AGENCY WILL EDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 24 PM 1:01



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 889065 5142120  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 AUG 24 PM 1:01

ORDER DATE : August 23, 2011  
ORDER TIME : 9:56 AM  
ORDER NO. : 889065-090  
CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: PERSONAL MORTGAGE GROUP, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Becky Peirce - EXT# 2919

EXAMINER: \_\_\_\_\_

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

FILED STATE  
SECRETARY OF CORPORATIONS  
11 AUG 24 PM 1:01

Personal Mortgage Group, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M04000004938

(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.

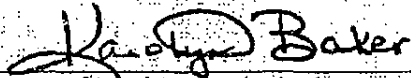
One Home Campus, MAC X2401-05W

(Mailing address)

Des Moines, 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)

Karolyn Baker, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00