

1405000000172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

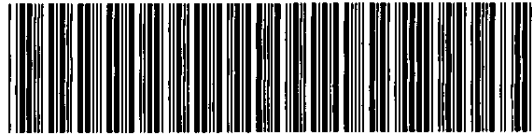
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B. KOHR

AUG 24 2011

EXAMINER



400210262464

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 AUG 24 AM 10:36

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

11 AUG 24 PM 1:01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

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

FILED STATE
SECRETARY OF CORPORATIONS
11 AUG 24 PM 1:02

ORDER DATE : August 23, 2011
ORDER TIME : 9:58 AM
ORDER NO. : 889065-055
CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: PROFESSIONAL FINANCIAL
SERVICES OF ARIZONA, 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 1:02

Professional Financial Services of Arizona, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M05000000172

(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.

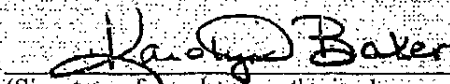
One Home Campus, MAC X2401-05W

(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