

M05000003055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

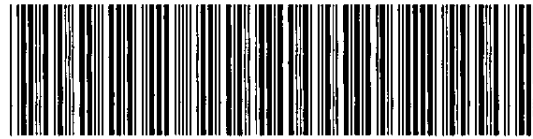
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

OCT 31 2008

EXAMINER

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 777507 5142120
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25,000

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TALLAHASSEE, FLORIDA

ORDER DATE : October 31, 2008
ORDER TIME : 12:41 PM
ORDER NO. : 777507-025
CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: CHOICE HOME FINANCING, 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: Troy Todd - EXT# 2940

EXAMINER: _____

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

CHOICE HOME FINANCING, 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.

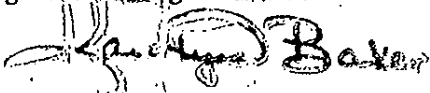
ONE HOME CAMPUS, MAC# X2401-049

(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

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