

M 05 000004227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

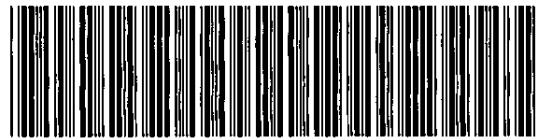
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

B. KOHR
JAN 12 2009
EXAMINER

FILED
09 JAN -9 AM 10: 15
TALLAHASSEE, FLORIDA
STATE OF FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 854081 5142120

AUTHORIZATION *Spudde*

COST LIMIT : \$ 25.00

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ORDER DATE : January 9, 2009

ORDER TIME : 2:57 PM

ORDER NO. : 854081-015

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: MASTER HOME MORTGAGE, LLC

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT# 2949

EXAMINER: _____

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

MASTER 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

Filing Fee: \$25.00