

MO 700000 4016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

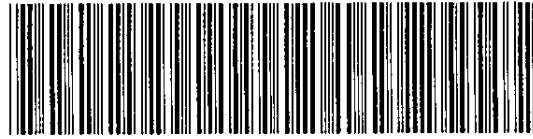
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
10 SEP -3 PM 1:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 SEP -3 PM 3:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

SEP 3 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 499800 5142120

AUTHORIZATION :

COST LIMIT : 25.00

[Handwritten signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP -3/ PH 3:05

ORDER DATE : September 2, 2010

ORDER TIME : 11:49 AM

ORDER NO. : 499800-005

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: SELECT LENDING SERVICES, 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: Doreen Wallace - EXT# 2928

EXAMINER: _____

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

FILED STATE
SECRETARY OF CORPORATIONS
10 SEP -3 PM 3:05

Select Lending Services, 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.

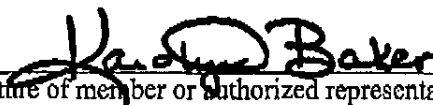
1 Home Campus, MAC X2401-05W

(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