

MD9000000313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

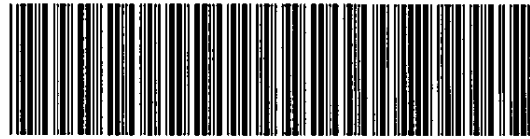
(Business Entity Name)

(Document Number)

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SERVICE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CF Insurance Services, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aubrey Meyers  
(Name of Person)

Caliber Home Loans, Inc.  
(Firm/Company)

3701 Regent Blvd.  
(Address)

Irving, TX 75063  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Day at 425 406-2703  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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 TALLAHASSEE FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

CF Insurance Services, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

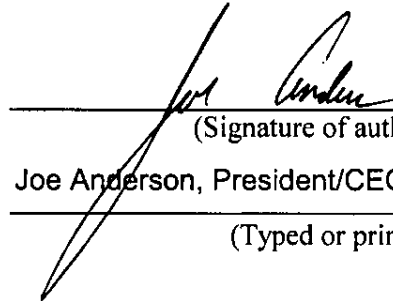
01/15/2009

\_\_\_\_\_  
(Date registered with Florida Department of State)

M09000000313

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
\_\_\_\_\_  
(Signature of authorized representative)

Joe Anderson, President/CEO/COB of Caliber Home Loans, Inc., sole member  
\_\_\_\_\_  
(Typed or printed name of signee)

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15 APR -6 PM 3:27  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**