

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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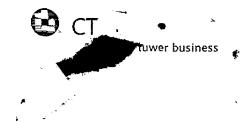
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BECRETARY OF STATE

MR/07



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 7092 tel 850 222 7615 fax www.ctlegalsolutions.com

September 17, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 6769718 WO

Customer Reference 1: None Customer Reference 2: None

Dear Department of State, Florida:

Please obtain the following:

ABN AMRO MORTGAGE GROUP, INC. (DE) Withdrawal Florida

Citimortgage, Inc. (NY) Assumed Name - Filing - ABN AMRO Mortgage Group Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie,Bryan@wolterskluwer.com

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

ABN AMRO MORTGAGE GROUP, INC.

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**FILING FEE \$35**