M10000001602

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



900243312349

13 月刊 11 1410:5

2013 JAN 1 1 AM

SECRETALY OF SIATE OF THE SECRETARY OF SIATE OF

C. LEWIS

JAN 1 4 2013

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 492078 5142120

AUTHORIZATION

COST LIMIT

ORDER DATE: January 10, 2013

ORDER TIME : 5:25 PM

ORDER NO. : 492078-145

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: AIRES MORTGAGE SOLUTIONS, LLC

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT# 52920

EXAMINER:

COVER LETTER

TO: Registration Division of 0				
SUBJECT: AIRes	S Mortgage Solutions,	LLC		
		eign Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitte	d for filing.		
Please return all corre	espondence concerning this	matter to the following	;	
Karolyn Baker				
	(Name of Person)			
Wells Fargo Ven				
	(Firm/Company)			
One Home Camp	us, MAC X2401-05W			
	(Address)			•
Des Moines, IA 5				
	(City/State and Zip Cod-	e)		
For further information	on concerning this matter, p	lease call:		
Karolyn Baker		at (515-	213-5548	
(Na	me of Person)	(Area Code &	Daytime Telephone Number)	
	OURIER ADDRESS:		ING ADDRESS:	
			ration Section on of Corporations	
Clifton Build	ding	P.O. B	ox 6327	
	ive Center Circle Florida 32301	Tallah	assee, Florida 32314	
Enclosed is a check t	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	

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

AlReS Mortgage Solutions, LLC				
(Name of limited liability company)				
Delaware (Jurisdiction of its organization)				
(Sursaled on the organization)				
M10000001602				
(Florida Document Number)				
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 X2401-05W (Mailing address)				
One Home Campus, MAC X2401-05W				
(Mailing address)				
Des Moines, IA 50328				
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)				
(Signature of member or authorized representative of a member)				
Karolyn Baker, Vice President				
(Typed or printed name of signee)				

Filing Fee: \$25.00