

D07000000005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

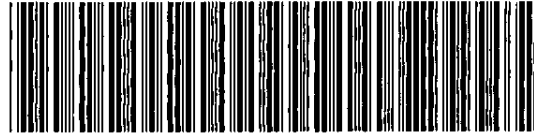
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/11--01028--006 **35.00

RECEIVED
11 MAY -4 AM 11:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 MAY -4 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

withdrawal
TBrown 5-4-11



1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 878 5368 fax
www.ctlegalsolutions.com

May 4, 2011

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

Re: Order #: 8135075 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

MERICAP CREDIT TRUST (DE)
Withdrawal
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,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MERICAP CREDIT TRUST

(Name of Corporation)

DOCUMENT NUMBER: D07000000005

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Cappon

(Name of Person)

MERICAP CREDIT CORPORATION

(Firm/Company)

3333 WARRENVILLE ROAD, SUITE 200

(Address)

LISLE, IL 60532

(City/State and Zip code)

For further information concerning this matter, please call:

JOEL R. CAPPON

(Name of Person)

at (630) 706-8310

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**APPLICATION BY FOREIGN BUSINESS TRUST FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

MERICAP CREDIT TRUST

(Name of Corporation)

D07000000005

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED
11 MAY - 4 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:


3333 WARRENVILLE ROAD, SUITE 200

(Mailing Address)

LISLE, IL 60532

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a
receiver or other court appointed fiduciary, by that fiduciary)

4/25/2011
(Date)

JOEL R. CAPPON

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35