FD2000002874

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE SECRETARY OF CORPORATIONS

Withdrawal allo12

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MORTGAGE INSURANCE AGENCY, LTD., INC.		
(Name of Corporation)		
DOCUMENT NUMBER: <u>F02000002874</u>		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
LAURA KAPSA		
(Name of Person)		
QUIKFILINGS, INC		
(Firm/Company)		
1125 MItchell Ct		
(Address)		
Crystal Lake IL60014		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Laura Kopsa at (847) 458 3071		
(Name of Person) (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 CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

MORTGAGE INSURANCE AGENCY, LTD., INC.
(Name of Corporation)
(Name of Corporation) FOZOOOOZ874 (Document Number of Corporation (if known) TLUINOIS (Incorporated Under Laws of)
(Section (Manor)
TLLINOIS 3 9
(Incorporated Under Laws of)
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:
1125 Mitchell Court
(Mailing Address)
CRYSTAL LAKE IL 60014 (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)
OAVID J. JACKSON PRESIDENT (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35