

F0410000000238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

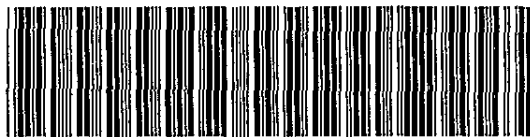
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W. Stodger
MD 11/16



500042347415

11/04/04--01047--005 **35.00

FILED
04 NOV 5 PM 2:52
TALLAHASSEE, FLORIDA



Telephone: 770-248-2880
Facsimile: 770-248-2883

10 Technology Parkway South, Suite 202
Norcross, Georgia 30092-2906
www.franzen-salzano.com

November 4, 2004

VIA OVERNIGHT DELIVERY
UPS TRACKING #1Z F3F 629 22 1002 439 8

Division of Corporation
Amendment/Registration Section
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Lenox Financial Mortgage, LLC

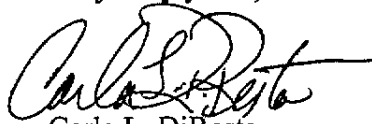
Dear Sir or Madam:

Enclosed please find an *Application by Foreign Corporation for Withdrawal* and an *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida*, submitted on behalf of Lenox Financial Mortgage Corporation, changing their name to Lenox Financial Mortgage, LLC. Additionally, please find applicant's check #001604 and check #001653 to cover filing fees. The *Application to Transact Business* is accompanied by an original Certificate of Existence.

Our office is assisting Lenox Financial Mortgage, LLC with its name change in Florida and other states; therefore if you would please direct all communication to our office.

If you should have questions, please do not hesitate to contact me by telephone at (877) 715-8392, extension 226, or by email at cdiresta@franzen-salzano.com. Thank you for your courtesy and assistance.

Very truly yours,



Carla L. DiResta
Legal Assistant

/cd

Enclosures

cc: Chris Pilot (w/enclosure)

M:\Lenox Financial Mortgage\Name Change\Florida\FL Div of Corp 11-04-04 (file Cert of Auth).doc

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LENOX Financial Mortgage corporation ✓
(Name of corporation)

DOCUMENT NUMBER: F04000000238 (certificate number)

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

Please return all correspondence concerning this
matter to the following:

CHRISTOPHER Pilot
(Name of Person)

LENOX Financial Mortgage LLC
(Firm/Company)

64 Perimeter Center East, 15th floor
(Address)

Atlanta, GA 30346
(City/State and Zip code)

For further information concerning this matter, please call:

Chris Pilot
(Name of Person)

at (678) 281-6120
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

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

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

Lenox Financial Mortgage Corporation
(Name of Corporation)

F04 000 000238
(Document Number of Corporation (if known))

Georgia
(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:

64 Perimeter Center East, 15th Floor
(Mailing Address)

Atlanta, GA, 30346
(City/State/Zip)

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

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

10/11/04
(Date)

CHRISTOPHER PIOT
(Typed or printed name of person signing)

V.P. operations
(Title of person signing)

FILING FEE \$35

FILED
04 NOV 5 PM 2:53
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE