# F04000001412

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Escrow Closing Se	rvices, Inc
	(Name of Corporation)
DOCUMENT NUMBER: F04000	001412
The enclosed withdrawal application a	and fee are submitted for filing.
Please return all correspondence concer matter to the following:	rning this
Carla De Silva	
	(Name of Person)
E-Loan, Inc.	
	(Firm/Company)
6230 Stoneridge Mall F	Road
	(Address)
Pleasanton, CA 9458	8
	(City/State and Zip code)
For further information concerning this	matter, please call:
Carla De Silva	<sub>at (</sub> 925 <sub>)</sub> 847-6303
(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

(Name of Corporation)

Escrow Closing Services, Inc.

F04000001412	
(Document Number of Corporation	on (if known)
Delaware	70
(Incorporated Under Law	vs of)
This corporation is no longer transacting business or conducting oluntarily surrenders its authority to transact business or conductions.	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procedime it was authorized to transact business or conduct affairs in F	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
6230 Stoneridge Mall Road	
(Mailing Address)	
Pleasanton, CA 94588	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fi	uture of any change in its mailing address.
Mar Will	7/14/09
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	į (Date)
Mark Lefanowicz	Director
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**