

F04000003106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

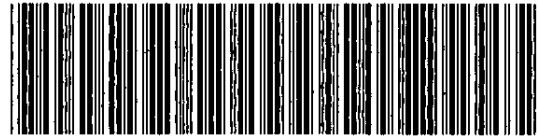
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

B. McKnight AUG 12 2008



## **PAYMENT PLANS, INC.**

WWW.PAYMENTPLANS.COM

*Patricia M. Eckis*  
pateckis@paymentplans.com  
Ext 305

2741 Transit Road  
Elma, New York 14059-9634  
Tel: (716) 675-4141  
Fax: (716) 675-8003

August 7, 2008

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

We have held a Mortgage Broker license in the State of Florida but have not transacted business in Florida for several years. It is our request to withdraw the authority of a foreign corporation to transact business in Florida.

Enclosed please find the required forms along with our fee in the amount of \$35.00 payable to Florida Department of State. Should anything further be required, please let us know.

Sincerely,  
**PAYMENT PLANS, Inc.**

Patricia M. Eckis  
Office Manager

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PAYMENT PLANS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** #483768 (Audit Number on License #MBB 0701742)  
(Copy of license attached)

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

Please return all correspondence concerning this  
matter to the following:

John C. Eckis  
(Name of Person)  
Payment Plans, Inc.  
(Firm/Company)  
2741 Transit Rd.  
(Address)  
Elma, New York 14059  
(City/State and Zip code)

For further information concerning this matter, please call:

John C. Eckis at ( 716 ) 923-4166  
(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**

PAYMENT PLANS, INC.

(Name of Corporation)

F04000003106

(Document Number of Corporation (if known))

New York State

(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:

2741 Transit Rd.

(Mailing Address)

Elma, NY 14059

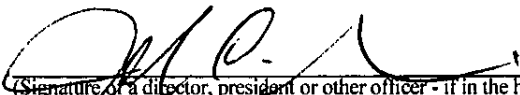
(City/ State /Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

August 7, 2008

(Date)

John C. Eckis

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**