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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Scokfield Home Logas Inc.
(Name of corporation)
DOCUMENT NUMBER:
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mike Sampson  (Name of Person)  Brookfield Home Logas Inc.  (Firm/Company)
(Name of Person)
Brookfield Home Logas Inc
(Firm/Company)
7601 France Ave 5 #235 (Address)
Edina, MN 55435 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Mike Samoson at (952) 426-6224
(Name of Person) at (952) 426-6224  (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

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

Brook field Home Loans Inc. (Name of Corporation)		
F 64 0 0 0 0 6 4 7 3 (Document Number of Corporation (if known)	SECRETARY TALLAHASSE	08 SF 1
Minne sota (Incorporated Under Laws of)	Y OF STATE SEE, FLORIN	
This corporation is no longer transacting business or conducting affairs within the State of 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 appoints the Department of State as its agent for service of process based on a cause of actio time it was authorized to transact business or conduct affairs in Florida.	on its b n arising o	ehalf an luring th
The following is a current mailing address for the corporation:		
7601 France Ave 5 #235 (Mailing Address)	<del></del>	_
Eding, MN 55435 (City/State/Zip)		
The corporation agrees to notify the Department of State in the future of any change in its ma	ailing addı	ress.
(Signature of Adirector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)		
Tichael Sampson President (Typed or printed name of person signing)  (Title of person signing)	gning)	

**FILING FEE \$35**