# F05000001624

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(Requestor's Name)		
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ALLAHASSEE, FLORIDA

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## **COVER LETTER**

	mendment Section vision of Corporations		
SUBJEC	T: MWL FUNDING, INC		
	(Name of Corporation)		
DOCUM	ENT NUMBER: F05000001624		
The enclo	sed withdrawal application and fee are submitted for filing.		
	urn all correspondence concerning this the following:		
_	DAVID REIMER SVP-TAX		
_	(Name of Person)		
	COLONIAL BANK		
-	(Firm/Company)	A C	<b>-</b>
	100 COLONIAL BLVD	ECINI	J
-	(Address)	MAR 21 CIRETARY AHASSI	
	MONTGOMERY, AL 36117	::1	1
•	(City/State and Zip code)	PH 1:	ED
For further	er information concerning this matter, please call:	I: 45 STATE ORIDA	
DAVID	REIMER SVP-TAX at ( 334 ) 676-5126		
	(Name of Person) (Area Code & Daytime Telep	hone 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

MWL FUNDING, INC	
(Name of Corporation)	
DAVID REIMER SVP-1	ГАХ
(Document Number of Corporation (if know	n)
DELAWARE	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs w voluntarily surrenders its authority to transact business or conduct affairs in	
This corporation revokes the authority of its registered agent in Florida appoints the Department of State as its agent for service of process based of time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
100 COLONIAL BLVD	O7
(Mailing Address)	MAR RETA
MONTGOMERY, AL 3	
(City/ State /Zip)	OF ST
The corporation agrees to notify the Department of State in the future of an	ny change in its mailing address.
hun Mm	31,10)
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
DAVID REIMER	SVP-TAX
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**