Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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83

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

DISSOLUTION OR WITHDRAWAL WELLS FARGO FINANCIAL AGENCY, CO.

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COVER LETTER

SUBJECT: Wells Fa	rgo Financial Agency, (
	(Name	of Corporation)
OCUMENT NUMBI	ER: F05000004424	
The enclosed withdraw	al application and fee are s	ubmitted for filing.
Please return all corresp matter to the following:	ondence concerning this	
Deidre Mess	enger	
•	(Name	e of Person)
Wells Fargo	& Company	
<u>-</u>	(Firm	/Company)
800 Walnut	Street, N0001-100	
	(A	ddress)
Des Moines	, IA 50309	
	<u> </u>	c and Zip code)
For further information	concerning this matter, plea	se call:
Deidre Messenger	at	(515) 557-8206
(Name o	f Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Wells Fargo Financial Agency, Co.

(Name of Corporation)

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

F05000004424			E E
(Document)	Number of Corporation (i	f known)	79.70
Iowa			X OF S.P.
(Inc	corporated Under Laws of)	92
`			900
This corporation is no longer transacting busing olumbarily surrenders its authority to transact leads to the surrenders its authority to transacting business.	_		of Florida and hereb
This corporation revokes the authority of its appoints the Department of State as its agent for its was authorized to transact business or continuous controls.	or service of process b	ased on a cause of act	
The following is a current mailing address for	the corporation:		
800Walnut Street, N0001-101			
	(Mailing Address)		
Des Moines, IA 50309			
	(City/ State /Zip)		
The corporation agrees to notify the Departme	ent of State in the futur	e of any change in its	mailing address.
Down 2 anders		3-15-1	<u>حــــــــــــــــــــــــــــــــــــ</u>
(Signature of a director, president or other officer - i receiver or other court appointed fiduciary, by that	if in the hands of a t fiduciary)	(Date))
Dean R. Anderson		Vice President	
(Typed or printed name of person signing)		(Title of pers	son signing)
	FILING FEE \$35		