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SECRETARY OF STATE
TALLAHASSEE, FI OPINA

COVER LETTER

	endment Section ision of Corporations				
SUBJECT	: LOAN	STAR	MORTGAGE	FUNDI	NG IN
		(Nam	e of Corporation)		•
DOCUME	NT NUMBER:	F.05	000005	876	Tu wa
The enclose	ed withdrawal applicati	on and fee are	submitted for filing.		
	n all correspondence core following:	_			
	Jen	ery Si	EVENS e of Person) 7646E FUNY		
(,	_	(Nam	e of Person)		441
	LOAN STA	n mol	16AGE FUNE	21N6 1	NC
		(Firm	n/Company)		
	7462 A	ISHEKS	SFATION Address)	DR	· · · · · · · · · · · · · · · · · · ·
		(A	Address)		
	FISHERS	5. N	4603 at the and Zip code)	9	· ·
		(City/Stat	te and Zip code)		**************************************
For further:	information concerning t	his matter, plea	ase call:		**
JER	IN STEVENS	at	(317) 383 (Area Code & Dayt	3- 976	7
	(Name of Person)	<u>. </u>	(Area Code & Dayt	ime Telephone l	Number)
	MAILING ADDRE	<u>SS:</u>		T ADDRESS:	ă
•	Amendment Section			nent Section	
	Division of Corporati			of Corporations	3 1

P.O. Box 6327 Tallahassee, FL 32314 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

	LOAN STAR MORTGAG (Name of Corporation)	SE FUNDIN
	(Name of Corporation)	IN
	F0500005876 (Document Number of Corporation (if known)	
	(Document Number of Corporation (if known)	
	(Incorporated Under Laws of)	·
	(Incorporated Under Laws of)	
	rporation is no longer transacting business or conducting affairs within the State of rily surrenders its authority to transact business or conduct affairs in Florida.	Florida and hereby
appoints time it w	rporation revokes the authority of its registered agent in Florida to accept services the Department of State as its agent for service of process based on a cause of action was authorized to transact business or conduct affairs in Florida. owing is a current mailing address for the corporation:	TARRY THE SERVICE OF
	7462 FISHERS STATION (Mailing Address)	AH IO: 58
	CISHERS IN 46038	No.
The corp	poration agrees to notify the Department of State in the future of any change in its ma	ailing address.
-	(Signature of a director, president or other officer - if in the hands of a receiver or other count appointed processor, by that fiduciary) (Date)	
_	(Typed or printed name of person signing) PRESID (Title of person signing)	OENT
		~ .

FILING FEE \$35