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COVER LETTER

| | Amendment Section Division of Corporations |
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| SUBJE | CT: AMERISOURCE HOME MONTENCE CORPORATION (Name of Corporation) |
| | (Name of Corporation) |
| DOCUN | MENT NUMBER: |
| The encl | osed withdrawal application and fee are submitted for filing. |
| | eturn all correspondence concerning this the following: |
| | JOE MINCEY |
| | TOE MINCEY (Name of Person) |
| | HMENSOURCE HOME MORTGAGE CORPORATION (Firm/Company) |
| | (Firm/Company) |
| | 1700 ANTIER HILL CT |
| | (Address) |
| | ST. AUGUPTINE 1/2 32092 |
| | (Address) ST. AUGUSTINE 12 32092 (City/State and Zip code) |
| For furth | ner information concerning this matter, please call: |
| | TOE MINCEY at (90Y) 657-8305 (Name of Person) (Area Code & Daytime Telephone Number) |
| - | (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

| MERISCURCE HOME MORFESCE CORPERATION (Name of Corporation) |
|---|
| (Name of Corporation) |
| (Document Number of Corporation (if known) |
| (Document Number of Corporation (if known) South CANOLINA (Incorporated Under Laws of) |
| South CANOLINA (Incorporated Under Laws of) |
| ی کرنے |
| This corporation is no longer transacting business or conducting affairs within the State of Florida and probably 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: |
| 1702 ANTIEN HU CT (Mailing Address) |
| (Mailing Address) |
| ST. AUGISTINE FZ 32092 (City State /Zip) |
| |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address. |
| (Signature of pedirector, president or other officer - if in the hands of a (Date) |
| receiver of other court appointed fiduciary, by that fiduciary) |
| Tooy M. MINCES (Typed of printed name of person signing) (Typed of printed name of person signing) |
| (Lyned of printed name of person signing) #[itle of person signing) |

FILING FEE \$35