

FO6000005560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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*withdrawal*

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

07 JAN -5 AM 10:49

RECEIVED

2007 JAN -5 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*ADR  
1/5/07*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 697842 5159509

AUTHORIZATION :

COST LIMIT : \$35.00

*[Signature]*

ORDER DATE : January 4, 2007

ORDER TIME : 3:21 PM

ORDER NO. : 697842-005

\*\*PLEASE FILE FIRST\*\*\*\*\*

CUSTOMER NO: 5159509

FOREIGN FILINGS

NAME: SHINGLE MITIGATION PARTNERS,  
INC.

XX\_\_\_ CORPORATE  
\_\_\_ LIMITED PARTNERSHIP  
\_\_\_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY  
XX\_\_\_ PLAIN STAMPED COPY  
\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 2956

EXAMINER: \_\_\_\_\_

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

Shingle Mitigation Partners, Inc.

(Name of Corporation)

H00000213413

(Document Number of Corporation (if known))

The State of Michigan

(Incorporated Under Laws of)

**FILED**  
2007 JAN -5 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby 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:

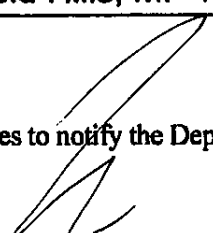
21 E Long Lake Road, Suite 100

(Mailing Address)

Bloomfield Hills, MI 48304

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

1/4/07  
(Date)

Daniel J. Aronoff

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**