## FD6000005804

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		·		
<u> </u>				

Office Use Only



100112975031

[\*\* 12/14/07--01011--011 \*\*35.00

pression of confidence.

R 12/17/07

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporat	ions			
SUBJECT: JNJ Mortgage	, Incorporated			
(Name of corporation)				
OCUMENT NUMBER: F06000005804				
The enclosed withdrawal ap	pplication and fee are subr	mitted for filing.		
Please return all corresponde matter to the following:	ence concerning this			
	Barry Sharif			
(Name of Person)				
	JNJ Mortgage Incorporat	ted		
(Firm/Company)				
P. O. Box 7090				
(Address)				
Miller Place, NY 11764				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Barry Sharif	at ( 6	31 463-8583		
(Name of Per	son)	(Area Code & Daytime Telephone Number)		
STREET AL Amendment S Division of C 409 E. Gaine	Section corporations	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		

Tallahassee, FL. 32314

409 E. Gaines St. Tallahassee, FL. 32399

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

	JNJ Mortgage, Incorporated	
	(Name of Corporatio	n)
	F06000005804	
***************************************	(Document Number of Corporation	on (if known)
	New York	
	(Incorporated Under Lav	vs of)
This corpor appoints the	ation is no longer transacting business or conducting surrenders its authority to transact business or conducting ration revokes the authority of its registered agent a Department of State as its agent for service of process authorized to transact business or conduct affairs in F	in Florida to accept service on its behalf and ess based on a cause of action arising during the Florida.
The following	ng is a current mailing address for the corporation:	NIS SIVIES
	P. O. Box 7090	DE ONE
	(Mailing Address)	MOT DEC 14 AM 9: 07
	Miller Place, NY 11764	
	(City/ State /Zip)	9.0
The corpora	ation agrees to notify the Department of State in the f	
	- Die	12/05/2007
(Sign receiv	nature of a director, president or other officer - if in the hands of a ver or other court appointed fiduciary, by that fiduciary)	(Date)
Zubair Sl	harif ·	President
(	(Typed or printed name of person signing)	(Title of person signing)

\*\*\*

**FILING FEE \$35**