(1/3)

orida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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DISSOLUTION OR WITHDRAWAL WEN INSURANCE SERVICES CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Ocwen Insurance Services Corpo	oration
GODGECT.	(Name of Corporation)
DOCUMENT NUMBER: F10000005174	<u> </u>
The enclosed withdrawal application ar	nd fee are submitted for filing.
Please return all correspondence concernimatter to the following:	ing this
Lynn Almeida	
	(Name of Person)
Ocwen Insurance Services Corporation	n
	(Firm/Company)
1661 Worthington Road	
	(Address)
West Palm Beach, Florida 33409	
	(City/State and Zip code)
For further information concerning this m	natter, please call:
Lynn Almeida	at (682-8954
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallabasses FL 32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Ocwen Insurance Services Corporation

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

(Name of Corporation)

F10000005174			
(Document Number of Corporation	n (if known)		
California			
(Incorporated Under Laws	s af)		
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conductions.		by	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs it	ess based on a cause of action arising during		
The following is a current mailing address for the corporation:			
1661 Worthington Road			
(Mailing Address)	TA		
West Palm Beach, Florida 33409	LLAH	SECRET 438 %	
(City/State /Zip)	A	7	
	1SSE	-9 ARY	
The corporation agrees to notify the Department of State in the fu	iture of any change in its mailing address,	AH IO:	
7	September 4. 2014	, <u>C</u>	\subset
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	38	
Ronald M. Faris	President		
(Typed or printed name of person signing)	(Title of person signing)		
FILING FEE \$35			

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