

**F110000000258**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

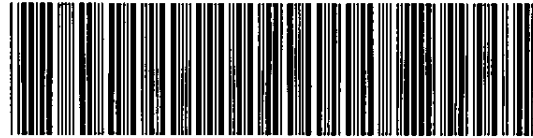
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**300264225653**

300264225653  
09/12/14--01044--014 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
14 OCT -3 PM 9:04

Withdrawal  
10.6.14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** First Capital Mortgage Group Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 25-1856810

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Curt Salvador

(Name of Person)

First Capital Mortgage Group Inc.

(Firm/Company)

832 Foxland Drive

(Address)

Pittsburgh, PA 15243

(City/State and Zip code)

For further information concerning this matter, please call:

Curt Salvador

(Name of Person)

at ( 412 ) 848-5864

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☒ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2014

CURT SALVADOR  
FIRST CAPITAL MORTGAGE GROUP, INC.  
832 FOXLAND DRIVE  
PITTSBURGH, FL 15243

SUBJECT: FIRST CAPITAL MORTGAGE GROUP INC.  
Ref. Number: F11000000258

We have received your document for FIRST CAPITAL MORTGAGE GROUP INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 314A00020172

RECEIVED

14 OCT -3 AM 11:47

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

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

**First Capital Mortgage Group Inc. d/b/a Reliant Funding Group**

(Name of Corporation)

**25-1856810**

(Document Number of Corporation (if known))

**Pennsylvania**

(Incorporated Under Laws of)

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:

**832 Foxland Drive**

(Mailing Address)

**Pittsburgh, PA 15243**

(City/ State /Zip)

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

*Curt Salomon*

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

**9-26-14**

(Date)

**CURT SALOMON**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**FILING FEE \$35**

FILED STATE  
RECEIVED  
14 OCT -3 PM 3:04  
DIVISION OF STATE