F15000002257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Withdrawn

SEP 23 2015
D CONNELL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 774691 4338458

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : September 3, 2015

ORDER TIME : 12:27 PM

ORDER NO. : 774691-055

CUSTOMER NO: 4338458

FOREIGN FILINGS

NAME: OCWEN FINANCIAL INSURANCE SERVICES, 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: Courtney Williams - EXT# 62935

EXAMINER: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2015

RESUBMIT
Please give original submission date as file date.

CSC / COURTNEY WILLIAMS

SUBJECT: OCWEN FINANCIAL INSURANCE SERVICES, INC.
Ref. Number: F15000002257

We have received your document for OCWEN FINANCIAL INSURANCE SERVICES, INC. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must put the mailing address on the withdrawal form.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 315A00019023

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SUFFICIENCY OF FILING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocwen Financial Insurance Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F15000002257

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person) at (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

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

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

Ocwen Financial Insurance Services, Inc.

(Name of Corporation)

F15000002257

(Document Number of Corporation (if known)

Delaware

(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:

1661 Worthington Road, Suite 100

(Mailing Address)

West Palm Beach FL 33409

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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)

Dec 27 2015

(Date)

PETER OGLESBY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE $35