F99000003417

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: C.M.A. Mortgage, Inc.	
	Corporation)
DOCUMENT NUMBER:	
The enclosed withdrawal application and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter to the following:	
Wesley D. Schrock	
(Name of	Person)
C.M.A. Mortgage, Inc.	
(Firm/Co	empany)
212 JH Walker Dr	
(Add	ress)
Pendleton, In 46064	
(City/State as	nd Zip code)
For further information concerning this matter, please	call:
Wesley D. Schrock at (8	300 ₎ 557-1513
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

C.M.A. Mortgage, Inc.	Life U
(Name of Corporation)	7
F98000003417	SE OF
(Document Number of Corporation (if known)
Indiana	E H
(Incorporated Under Laws o	n,
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor The following is a current mailing address for the corporation:	ffairs in Florida. Florida to accept service on its behalf and based on a cause of action arising during the
212 JH Walker Dr. Pendleton, In 46064 (Mailing Address)	<u> </u>
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	re of any change in its mailing address. (Date)
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35