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(Address)

(Address)

(City/State/Zip/Phone #)

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2004 JAN -7 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SunTrust Mortgage, Inc.  
Mail Code MTG 1815  
901 Semmes Avenue  
Richmond, VA 23224  
Tel (804) 291-0320  
Fax (804) 291-0276

Elaine H. Clem  
Joint Ventures Legal Assistant



January 6, 2005

Via FedEx

Registration Division  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: American Safety Mortgage Company, L.L.C.  
Application for Withdrawal of Authority  
To Transact Business in Florida

Dear Sir or Madam:

As appointed manager of American Safety Mortgage Company, L.L.C. , we are enclosing a check in the amount of \$25.00 for filing of the enclosed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for American Safety Mortgage Company, L.L.C.

Please return a copy of this filed Application in the enclosed self-addressed envelope.

If you should have any questions, please call me at 804 291-0320. Thank you for your assistance in the dissolution of this company.

Sincerely,

Elaine H. Clem  
Legal Assistant

Enclosures

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

American Safety Mortgage Company L.L.C.

(Name of limited liability company)

State of Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

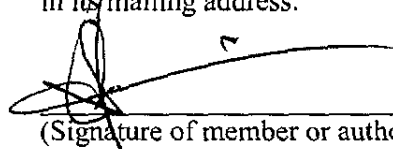
901 Semmes Avenue, MTG 1815

(Mailing address)

Richmond, VA 23224

(City/State/Zip)

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



(Signature of member or authorized representative of a member)

David F. Robinson, Manager

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**