

M01 00000 / 229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

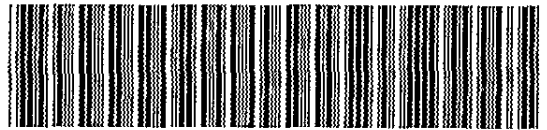
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



One East Fourth Street, 860A • Cincinnati, Ohio 45202  
Phone: (513) 579-2867 • Fax: (513) 763-8069

Bonnie L. Preisler

December 17, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: PCFS Mortgage Resources, LLC

To Whom It May Concern:

To complete the filing, please find the enclosed:

1 original(s) and 1 copy(ies) of your withdrawal/cancellation form for the above referenced company.

1 check in the amount of \$25.00.

1 self addressed stamped envelope.

Please return one (1) filed-stamped copy of your withdrawal/cancellation form or your form of proof of filing in the self-address, postage-paid envelope provided.

If you have any questions I can be reached at 513-579-2867. Thank you for your attention to this matter.

Very truly yours,

Bonnie L. Preisler  
Executive Secretary  
:blp

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TALLAHASSEE, FLORIDA

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

PCFS Mortgage Resources, LLC

(Name of limited liability company)

Ohio

(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.

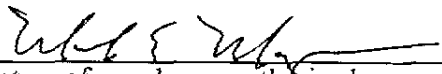
The Provident Bank, One East Fourth Street, General Counsel 860A

(Mailing address)

Cincinnati, Ohio 45202

(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)

Mark E. Magee, Secretary

(Typed or printed name of signee)

**Filing Fee: \$25.00**

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