

MO100000333/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

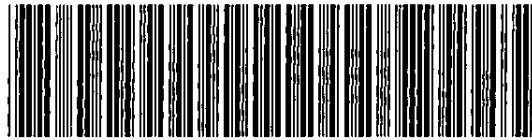
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300122446353

04/11/08--01043--001 ++25.00

FILED  
08 APR 11 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 11 2008

EXAMINER



SunTrust Lender Management, L.L.C.  
MTG 1815  
901 Semmes Avenue  
Richmond, VA 23224  
Tel (804) 291-0320  
Fax (804) 291-0520

Elaine H. Clem  
Joint Venture Licensing Officer

April 10, 2008

Registration Division  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Custom Builder Mortgage, L.L.C.  
Application for Withdrawal of Authority  
To Transact Business in Florida

FILED  
08 APR 11 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

As appointed manager of Custom Builder Mortgage, 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 Custom Builder Mortgage, L.L.C. Please return a copy of this filed Application to us.

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 Clem  
Joint Venture Licensing Officer

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Custom Builder Mortgage, L.L.C.  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

E. H. Clem  
(Name of Person)

SunTrust Lender Management, L.L.C.  
(Firm/Company)

901 Semmes Avenue MTG 1815  
(Address)

Richmond, VA 23224  
(City/State and Zip Code)

For further information concerning this matter, please call:

E. H. Clem at ( 804 ) 291-0320  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**FILED**  
08 APR 11 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Custom Builder Mortgage, L.L.C.

(Name of limited liability company)

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.

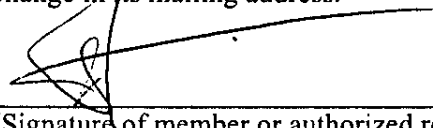
c/o SunTrust Lender Management, LLC, 901 Semmes Ave MTG 1815

(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

(Typed or printed name of signee)

**FILED**  
08 APR 11 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**