

MO2000000266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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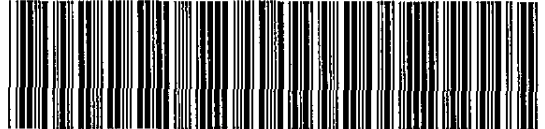
(Business Entity Name)

(Document Number)

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04 JUN 30 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04 JUN 30 PM 12:41

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

*Handwritten signature*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032  
REFERENCE : 783589 5142120  
AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 25.00

FILED  
04 JUN 30 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 29, 2004

ORDER TIME : 8:51 AM

ORDER NO. : 783589-020

CUSTOMER NO: 5142120

CUSTOMER: Ms. Suzi Gruver-macx2401-06p  
Wells Fargo Home Mortgage  
1 Home Campus

Des Moines, IA 50328-0001

FOREIGN FILINGS

NAME: ALTA HOME MORTGAGE, LLC

       CORPORATE  
       LIMITED PARTNERSHIP  
XXX 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: Sara Lea - EXT# 2914

EXAMINER: \_\_\_\_\_

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

**FILED**  
JUN 30 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Alta Home Mortgage, LLC  
(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.

MAC# X2401-05W One Home Campus  
(Mailing address)

Des Moines, IA 50328  
(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)

Karolyn Baker, Assistant Secretary  
(Typed or printed name of signee)

**Filing Fee: \$25.00**