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(Re	questor's Name)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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07 APR 19 PH 2: 46

National City. Partnership Solutions, Inc.

National City Partnership Solutions, Inc. A Subsidiary of National City Bank 3232 Newmark Drive • Miamisburg, Ohio 45342 Telephone (937) 910-1200

Mailing Address: P.O. Box 1820 Dayton, Ohio 45401-1820

VIA OVERNIGHT DELIVERY

April 16, 2007

Registration Section
Division of corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATEMS
ON VISION OF 19 PH 2: 46

RE: Application By Foreign Limited Liability Company For Withdrawal Of Authority To Transact Business In Florida for HomeSync Financial Services, LLC

Dear Sir or Madam:

Enclosed please find an original executed Application By Foreign Limited Liability Company For Withdrawal Of Authority To Transact Business In Florida for HomeSync Financial Services, LLC.

We request that you return a Certificate of Status for our records and we have enclosed an Official Check in the amount of \$30.00 to cover the cost of this request.

Please send any correspondence regarding this request, including the Certificate of Status in the enclosed self addressed stamped envelope or mail to:

National City Partnership Solutions, Inc.

Attn: Lisa Bruce/Bldg. 4 3232 Newmark Drive Miamisburg, OH 45342

Please contact me if you have any questions or need additional information. Thank you for your assistance with this matter.

Sincerely,

Lisa Bruce

Joint Venture Administration

National City Partnership Solutions, Inc.

PHONE (937) 910-4692

FAX (937) 910-1838

E-mail Lisa.Bruce@ncmc.com

COVER LETTER

TO:

Registration Section

Division of Corporations	•	
SUBJECT: HomeSync Financial Service	es, LLC	
	mited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for fil	ina	
	•	
Please return all correspondence concerning this matter t	to the following:	
Lisa Bruce		•
(Name of Person)		;
National City Partnership Solutions	, inc.	
(Firm/Company)	,	
3232 Newmark Drive		
(Address)		
Miamisburg, OH 45342		
(City/State and Zip Code)		
For further information concerning this matter, please ca	II:	
Lisa Bruce	937 910-4692	
(Name of Person)	(Area Code & Daytime Telephone Nun	nber)
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:		
	Filing Fee & \$\begin{array}{c}\$\$560 Filing Fee, \\ ified Copy & Certificate of Stat \\ Certified Copy & \end{array}\$\$	us &

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

HomeSync Financial Services, LLC		
(Name of limited liability company)	-	
Indiana		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surrence authority to transact business in this state.	ders	its
This limited liability company revokes the authority of its registered agent to accept servits behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	vice ed or	on 1 a
3232 Newmark Drive (Mailing address)		
Miamisburg, OH 45342 (City/State/Zip)		
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of a	ny
Llwilt		
(Signature of member or authorized representative of a member)		
John D. Walter, Vice President of National City Partnership Solutions, Inc., Managing Member	07	DIVS S
(Typed or printed name of signee)	07 APR	SION OF

Filing Fee: \$25.00