M020000002054

(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



500063497295

01/12/06--01056--007 **25.00

2006 JAN 12 PM 4: 44

J. BRYAN . INN 1 9 2006

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: New Horizon Mortgage (Name of Fo	, L.L.C. oreign Limited Liability	y Company)	
Dear Sir or Madam:		-	
The enclosed withdrawal and fee(s) are submit	ted for filing.		
Please return all correspondence concerning th	is matter to the following	ng:	
E. Clem			100 Inc.
(Name of Person)		_	PLOP -
c/o SunTrust Lender Managem	nent, LLC		2006 JAN 12 PM 4: 44 DIVINION OF SEE, FLORIDI
(Firm/Company)			西岛
901 Semmes Avenue - MTG (Address)	1815	<u> </u>	ATIONS ORIDA
Richmond, VA 23224		<u>. </u>	
(City/State and Zip Co	ode)		
For further information concerning this matter,	please call:		
E. Clem	at (804	, 291-0320	
(Name of Person)		& 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 \$\times \$30 Filing Fee \$\times\$ Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

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

밀밀

New Horizon Mortgago I.I.C
New Horizon Mortgage, L.L.C.
(Name of limited liability company)
Delaware E.S. :
(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, L.L.C.
(Mailing address)
901 Semmes Ave., MTG 1815, 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)

Filing Fee: \$25.00

Tames Giaramito Manager
(Typed or printed name of signee)