

M02000002454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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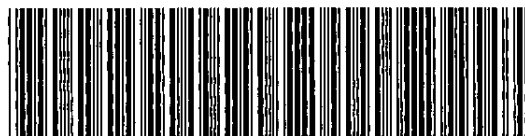
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. KOHR

AUG - 4 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 085768 5142120

AUTHORIZATION

COST LIMIT : \$25.00

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TALLAHASSEE, FLORIDA

ORDER DATE : August 3, 2009

ORDER TIME : 9:08 AM

ORDER NO. : 085768-010

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: MORTGAGES ON-SITE, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: _____

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

MORTGAGES ON-SITE, 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.

ONE HOME CAMPUS, MAC# X2401-049

(Mailing address)

DES MOINES, IA 50328-0001

(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, VICE-PRESIDENT

(Typed or printed name of signee)

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