

MO2000003325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

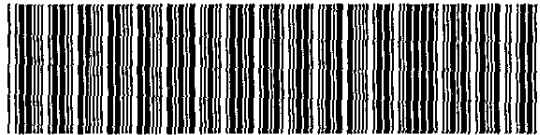
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TALLAHASSEE, FLORIDA

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Financial Services, LLC

BY FEDERAL EXPRESS

November 18, 2004

Florida Department of State  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Application for Withdrawal

Dear Sir or Madam:

Enclosed please find the completed form for our Application for Withdrawal along with the check number 23797 in the amount of \$25.

If you have any questions or comments with regard to this letter, please contact me at 414-465-2314.

Sincerely,

A handwritten signature in cursive script that reads "Rachel M. Aderman". The signature is written in dark ink and extends across the width of the page.

Rachel M. Aderman  
Legal Department  
EQUIX Financial Services, LLC

Enclosures

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

EDUX Financial Services, LLC  
(Name of limited liability company)

Wisconsin  
(Jurisdiction of its organization)

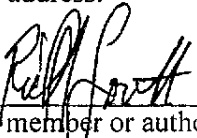
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

400 Woodland Prime, Suite 100  
(Mailing address)

Menomonee Falls, WI 53051  
(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)

Richard J. Lovett  
(Typed or printed name of signer)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Filing Fee: \$25.00