

M030000002612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

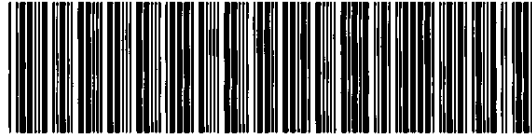
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06 JUN 12 AM 11:08  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 168899 5142120

AUTHORIZATION

*[Handwritten signature]*

COST LIMIT : \$ 25.00

ORDER DATE : June 9, 2006

ORDER TIME : 10:04 AM

ORDER NO. : 168899-020

CUSTOMER NO: 5142120

FILED  
2006 JUN 12 PM 3:42  
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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: TRICOM MORTGAGE, LLC

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

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

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

TRICOM 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.

ONE HOME CAMPUS, MAC# X2401-06T  
(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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ALLAHASSEE, FLORIDA

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**Filing Fee: \$25.00**