

MOY000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 NOV 20 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 326566 5142120

AUTHORIZATION :

COST LIMIT : \$ 25.00

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07 NOV 29 AM 8:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : November 20, 2007

ORDER TIME : 2:39 PM

ORDER NO. : 326566-010

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: WF/TW MORTGAGE VENTURE, 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: Debbie Skipper - EXT# 2948

EXAMINER: _____

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

WF/TW MORTGAGE VENTURE, 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)

Filing Fee: \$25.00

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