•
(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:
A. 2007 MAY - 1 2008 EXAMINER
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100120710221

03/20/08--01045--005 **25.00



March 21, 2008

DAVID STEIN 54 WOODPORT ROAD SPARTA, NJ 07871

SUBJECT: THE MORTGAGE CORNER, L.L.C.

Ref. Number: M0400001073

We have received your document for THE MORTGAGE CORNER, Local and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 008A00017118

COVER LETTER

TO: Registration Sec Division of Corp					
The M	ortgage Corner,	LLC	***		
SUBJECT: THE IVI		imited Liability Company)			
The enclosed Articles of	Dissolution and fee(s) are sul	omitted for filing.			
Please return all correspo	ndence concerning this matte	er to the following:		2008 SEC	eno ^a l
Davi	d Stein			AR AR	1 1
	((Name of Person)		2000 APR 30 P	FILED
		(Firm/Company)		W ABO	
54 V	Voodport Road			AGE SP	
· 		(Address)			
Snai	ta, NJ 07871		t materials of the total of the same	* ** , ** ,	•
Tipote Sea	, tak (City	//State and Zip Code)			
For further information c	oncerning this matter, please	call:			
David St	ein	a., 973	, 726-79	90 ext 22	201
	(Name of Person)	(Area Code	<i>,</i> _	ephone Number)	
Enclosed is a check for the	following amount:	_		-	
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) C	\$60.00 Filing Fee Certificate of Status Certified Copy additional copy is o	&
	LING ADDRESS:			ER ADDRESS	S:
			ation Section n of Corpora		
P.O. E	Box 6327	Clifton	Building		
Tallah	assee, FL 32314	2661 Ex	xecutive Cer	iter Circle	

Tallahassee, FL 32301

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

(Name of limited liability company)
LN
(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.
SY Woodport RL Ass is (Mailing address)
Spector NJ 07871 (City/State/Zip) (Vialining address) ARE APR APR ASSET ASS
The limited liability company agrees to notify the Department of State in figure of any change in its mailing address.
(Signature of member or authorized representative of a member)
(Typed or printed name of signee)

Filing Fee: \$25.00