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| (Re | equestor's Name) | |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE

J. BRYAN

NOV 3 0 2009

EXAMINER

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Equity Title Company LLC. (Name of Foreign Limited Liability Company) |
| Dear Sir or Madam: |
| The enclosed withdrawal and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Verneth D. Davic (Name of Person) Paris Paris |
| Equity Title Company, LLC (Firm/Company) |
| 700 TOWNCINTER Blud., Suite 4 (Address) |
| TUS Cal DSa PL 3 S40 6 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Amanda Teastry at (205) 4881 248-8891 (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: |
| \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy |

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

| (Name of limited liability company) |
|---|
| (Name of Infined Hability Company)— |
| TUSCALOUSA County Alabama (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. |
| 700 Towncenter Blud, Suite 4 (Mailing address) |
| Tuscal Dosa, AL 35406 (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) |
| (Signature of member or authorized representative of a member) |
| Kenneth D. Davis |
| (Typed or printed name of signee) |

Filing Fee: \$25.00