(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:
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## ACM Access Capital Mortgage, LLC.

November 3, 2008

Florida Dept. of State Division of Corporations Attn. Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Application by Foreign LLC for Withdrawal of Authority to Transact business in Florida: Access Capital Mortgage, LLC (Doc. # of LLC M05000001493)

To whom it may concern,

We respectfully submit our Application by Foreign LLC for Withdrawal of Authority to Transact Business in Florida. Access Capital Mortgage, LLC is no longer in business.

We have attached the required fee of \$25. If we can be of further assistance please do not hesitate to call.

Very truly yours,

Access Capital Mortgage/LLC

By: Michael Niccolini, its Managing Member



### **COVER LETTER**

Division of Corporations
SUBJECT: Access Capital Mortage, 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:
Michael Niccolini (Name of Person)
Access Cap. + 1 Mortgage, LLC
Hospital Ave Suite Hospital Ave
For further information concerning this matter, please call:  M.C. (Alian) at (202) 25 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \tag{\$55 Filing Fee & \tag{\$60 Filing Fee, }}\$  Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

Access Cap, tel Mortage LLC
(Name of limited liability company)
M
(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.
4905 Del Ray Ave, Soite 401 (Mailing address)
Bettes 2 MD 20814 (City/State/Zip)
The limited liability company agrees to dotify the Department of State in the further 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)
(a.g., a.g.,
Michael Niccolini Dresident Museum
(Typed or printed name of signee)

Filing Fee: \$25.00