M05000001973

(Requestor's Name)	
(Nequestor 3 Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	.IL
(Business Entity Name)	
(2,	
(Document Number)	
Certified Copies Certificates of Status	<u></u>
Special Instructions to Filing Officer:	

Office Use Only



800142219908

RECEIVED

OP JAN 30 PH 4: 10

B. KOHR FEB - 2 2009

EXAMINER

O9 JAN 30 AM 8: 13
SACTATASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE: 8773722

FILED IN 8: 13

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: January 30, 2009

ORDER TIME : 1:36 PM

ORDER NO. : 877322-010

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME:

PARKWAY MORTGAGE AND FINANCIAL

CENTER, LLC

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

X 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

PARKWAY MORTGAGE AND FINANCIAL CENTER, LLC
(Name of limited liability company)
DELAWARE TO THE TOTAL TO THE PARTY OF THE PA
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders 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# X2401-049 (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)
(-) Land - Lange manne av neBran)

Filing Fee: \$25.00