

**MO500000 2605**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

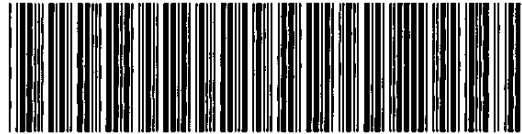
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**07 AUG 20 PM 12:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*MO5-2605*

**National City**  
Partnership Solutions, Inc.

National City Partnership Solutions, Inc.  
A Subsidiary of National City Bank  
3232 Newmark Drive • Miamisburg, Ohio 45342  
Telephone (937) 910-1200

Mailing Address:  
P.O. Box 1820  
Dayton, Ohio 45401-1820

VIA OVERNIGHT DELIVERY

August 17, 2007

Registration Section  
Division of corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Application By Foreign Limited Liability Company For Withdrawal Of Authority To  
Transact Business In Florida for First Independent Mortgage, LLC

Dear Sir or Madam:

Enclosed please find an original executed Application By Foreign Limited Liability Company  
For Withdrawal Of Authority To Transact Business In Florida for First Independent Mortgage,  
LLC.

We request that you return a Certificate of Status for our records and we have enclosed  
Official Check in the amount of \$30.00 to cover the cost of this request.

Please send any correspondence regarding this request, including the Certificate of Status in the  
enclosed self addressed stamped envelope or mail to:

National City Partnership Solutions, Inc.  
Attn: Lisa Bruce/Bldg. 4  
3232 Newmark Drive  
Miamisburg, OH 45342

Please contact me if you have any questions or need additional information. Thank you for your  
assistance with this matter.

Sincerely,



Lisa Bruce  
Joint Venture Administration  
National City Partnership Solutions, Inc.  
PHONE (937) 910-4692  
FAX (937) 910-1838  
E-mail [Lisa.Bruce@ncmc.com](mailto:Lisa.Bruce@ncmc.com)

07 AUG 2007 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** First Independent Mortgage, 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:

Lisa Bruce

(Name of Person)

National City Partnership Solutions, Inc.

(Firm/Company)

3232 Newmark Drive

(Address)

Miamisburg, OH 45342

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Bruce

(Name of Person)

at ( 937 ) 910-4692

(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 &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 AUG 20 PM 12:24

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

First Independent Mortgage, LLC

(Name of limited liability company)

Indiana

(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.

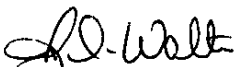
3232 Newmark Drive

(Mailing address)

Miamisburg, OH 45342

(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)

John D. Walter, Vice President of National City Partnership Solutions,  
Inc., Managing Member

(Typed or printed name of signee)

07 AUG 20 PM 12:25  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**