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(Requestor's Name)		
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☐ PICK-UP ☐ WAIT ☐ MAIL		
(Business Entity Name)		
(Document Number)		
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SECHETARY OF STATES

MS 3337

COVER LETTER

A N	COVER LETTER		
	Legistration Section Division of Corporations	÷	
SUBJECT	(Name of Foreign Limited Liability Company)	SETUICES, A	LLC
Dear Sir o	r Madam:		
The enclos	sed withdrawal and fee(s) are submitted for filing.		
Please retu	arn all correspondence concerning this matter to the following:		
_L	(Name of Person)		
For	ETRESS MORTGAGE & FINANCIAL SE		, Lho
42 Bu	03 CR 5/ (Address) TEP IN 46 721 (City/State and Zip Code)	2006 MIR -9 AM 10: 53 SECRETARY OF SINTER TALLAMASSEE, FLORIER	
For further	r information concerning this matter, please call: Dhillips at (260) 402-428 (Area Code & Daytime Telephone Number)	4	
R D C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Division Building Callahassee, 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 Fill	ing Fee \$\Bigcup \$30 \text{ Filing Fee & B55 Filing Fee & B60 Filing Fee,} Certificate of Status Certified Copy Certificate of Status &	,	

\$55 Filing Fee & Certified Copy

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

\$30 Filing Fee & Certificate of Status

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

Corress Mortgage & HNANCIAL SERVICES LAC (Name of limited liability company)
(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.
4203 CR 51 (Mailing address)
BUTLER IN 46721 EST TO CITY/State/Zip)
SHA SHA
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)
LEO PHILLIPS

Filing Fee: \$25.00

(Typed or printed name of signee)