

(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:	
1 5/	/
Office Use Only	





ACCOUNT NO. : 072100000032 REFERENCE: 940300 AUTHORIZATION / COST LIMIT ORDER DATE: June 8, 2007 ORDER TIME : 1:43 PM ORDER NO. : 940300-005 CUSTOMER NO: 5142120 FOREIGN FILINGS NAME: TRADITIONS MORTGAGE, LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Troy Todd - EXT# 2940

\cdot	
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FORWITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA Traditions Mortgage, LLC (Name of limited liability company)	
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR	
FLORIDA FLORIDA	
The second secon	
The second secon)
Traditions Mortgage, LLC (Name of limited liability company)	
(rame of mines having company)	
Delaware	
(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.	
One Home Campus, X2401-049	
(Mailing address)	
Des Moines, IA 50328-0001 (City/State/Zip)	
(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 of authorized representative of a member)	
(Signature of injuniori of audiorized representative of a member)	
Karolyn Baker, Vice President	
(Typed or printed name of signee)	

Filing Fee: \$25.00