## M05000004446

| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
|                         |                   |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
|                         |                   |             |
| PICK-UP                 | ☐ WAIT            | MAIL.       |
|                         |                   |             |
|                         |                   |             |
| (Bu                     | siness Entity Nar | ne)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
|                         |                   |             |
| Certified Copies        | Certificates      | s of Status |
|                         |                   |             |
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| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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ALLIGIARY OF STATE
ALLIGIASSEE, FLORIDA

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D. BRUCE

DEC 2 2 2010

**EXAMINER** 

## **COVER LETTER**

|  | stration Section<br>sion of Corpora  |  |   |            |  |                        |                   |
|--|--|--|---|------------|--|------------------------|-------------------|
| SUBJECT: _                                 | American Inde  | pendence Mortgag                                 |   |            |  |                        |                   |
|  |  | (Name of Fo                                      | reign Limited Lial  | oility Con | npany)   |                        |                   |
| Dear Sir or M                              | adam:  |  |   |            |  |                        |                   |
| The enclosed                               | withdrawal and   | fee(s) are submitte                              | ed for filing.  |            |  |                        |                   |
| Please return a                            | all corresponde  | nce concerning this                              | s matter to the foll  | owing:     |  |                        |                   |
| Dot Dallas                                 |  |  |   |            |  |                        |                   |
|  | (N   | ame of Person)                                   |   |            |  |                        |                   |
| Brandywine F                               | inancial Servic  | es Corporation                                   |   |            |  |                        | 10                |
|  | (F   | rm/Company)                                      |   |            |  |                        | 0EC               |
| 2 Ponds Edge                               | Drive  |  |   |            |  | ASSEE.                 | 0 DEC 21 PH 4: 30 |
|  | (A   | ddress)  |   |            |  | F10                    |                   |
| Chadds Ford,                               | PA 19317   |  |   |            |  | OF STATE<br>E. FLORIDA | 30                |
|  | (C   | ity/State and Zip Cod                            | le)   |            |  | ,3734<br>- 1           |                   |
| For further inf                            | ormation conce   | erning this matter, p                            | olease call:  |            |  |                        |                   |
| Dot Dallas                                 |  |  | at ( <sup>610</sup>   | ) 38       | 88-9600, ext. 225  |                        |                   |
|  | (Name of Pe  | rson)  | (Area C   | ode & Day  | time Telephone Num   | iber)                  |                   |
| Regis<br>Divis<br>Clifto<br>2661<br>Tallai | EET/COURIE<br>tration Section<br>ion of Corporation<br>Building<br>Executive Cen-<br>nassee, Florida | ions<br>er Circle<br>32301                       | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |            |  |                        |                   |
| Enclosed is a                              | Fee 🚨 \$30   | ollowing amount: Filing Fee & tificate of Status | \$55 Filing Fe<br>Certified Cop   |            | \$60 Filing Fee,<br>Certificate of State<br>Certified Copy | us &                   |                   |

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

| American Independence Mortgage Company, L.L.C.  |
|---|
| (Name of limited liability company)   |
| Delaware  |
| (Jurisdiction of its organization)  |
| M05000004446  |
| (Florida Document Number)   |
| 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. |
| 2 Ponds Edge Drive  |
| (Mailing address)   |
| Chadds Ford, PA 19317  (City/State/Zip)   |
|   |
| The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.  |
| President of Parkemore Corporation  Administrative Member   |
| (Signature of member or authorized representative of a member)  |
| Bruce E. Moore  |

Filing Fee: \$25.00

(Typed or printed name of signee)