## M05000004659

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	#)
(Cit	y/Otate/Zip/Filone	<del>"</del> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates of	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

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**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF CORPORATIONS



SunTrust Lender Management, L.L.C. MTG 1815 901 Semmes Avenue Richmond, VA 23224 Tel (804) 291-0320 Fax (804) 291-0520 Elaine H. Clem Joint Venture Licensing Officer

October 29, 2008

Via FedEx

Registration Division
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Sun Partners Mortgage, L.L.C.

Application for Withdrawal of Authority

To Transact Business in Florida

Dear Sir or Madam:

As appointed manager of Sun Partners Mortgage, L.L.C., we are enclosing a check in the amount of \$25.00 for filing of the enclosed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for Sun Partners Mortgage, L.L.C. Please return a copy of this filed Application to us.

If you should have any questions, please call me at 804 291-0320. Thank you for your assistance in the dissolution of this company.

Sincerely,

Elaine Clem

Joint Venture Licensing Officer

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Sun Partners Mortgage, L.L.C.		
(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:		
E. H. Clem		
(Name of Person)		
SunTrust Lender Management, L.L.C.  (Firm/Company)		
,		
901 Semmes Avenue MTG 1815		
(Address)		
Richmond, Va 23224		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
E. H. Clem at (804 ) 291-0320		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\ \times \text{\$30 Filing Fee & Certified Copy} \text{\$55 Filing Fee & Certified Copy} \text{\$Certified Copy} \text{\$Certified Copy} \text{\$Certified Copy}		

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

Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS