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(Requestor's Name)		
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		MAIL
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Certified Copies	Ceitificates	of Status
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05/09/06--01041--008 **25.00

06 MAY -9 PM 1: 34 3

TO: Registration Section Division of Corporations

SUBJECT: Americore 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:

Barbara Cardi (Name of Person)

Americore Mortgage LLC d/b/a Americore Financial

(Firm/Company)

16 Phillips Court

(Address)

Cranston, RI 02921

(City/State and Zip Code)

For further information concerning this matter, please call:

at (<u>401</u>) <u>569</u> <u>2471</u> (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

S25 Filing Fee

Certificate of Status

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\$55 Filing Fee & Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy 06 HAY -9 PH 1: 34

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

Americore Mortgage, LLC

(Name of limited liability company)

Delaware

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(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.

25 Market Street, Ste 13

(Mailing address)

Swansea, MA 02777

(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)

Barbara Cardi

(Typed or printed name of signee)

FILED SECRETARY OF STATE IVISION OF CORPORATIONS 06 MAY -9 PH 1: 34

Filing Fee: \$25.00