

MO600000571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

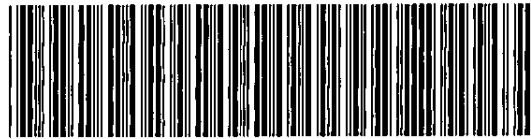
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700210909917

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG 25 AM 10:44  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
11 AUG 25 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 25 2011



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 889065 5142120

AUTHORIZATION

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : August 23, 2011

ORDER TIME : 4:54 PM

ORDER NO. : 889065-335

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: HOMELIFE FINANCIAL, 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

CONTACT PERSON: Stephanie Milnes - EXT# 2920

EXAMINER: \_\_\_\_\_

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

FILED  
11 AUG 25 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HomeLife Financial, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M06000000571

(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.

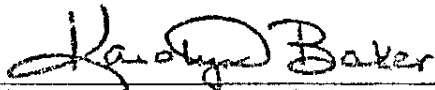
One Home Campus, MAC X2401-05W

(Mailing address)

Des Moines, IA 50328

(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)

Karolyn Baker, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00