

MO6000001483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

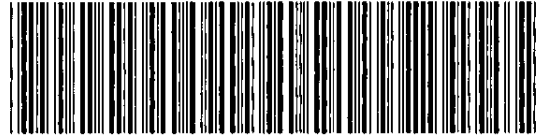
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800162616068

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 24 PM 2:20

RECEIVED  
09 NOV 24 AM 10:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

NOV 23 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 197271 5142120  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

FILED STATE  
SECRETARY OF CORPORATIONS  
09 NOV 28 PM 2:20

ORDER DATE : November 23, 2009  
ORDER TIME : 9:35 AM  
ORDER NO. : 197271-010  
CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: JONES & MINEAR FINANCIAL  
SERVICES, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Heather Chapman - EXT# 2908

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

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

Jones & Minear Financial Services, LLC

(Name of limited liability 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, 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.

Karolyn Baker

(Signature of member or authorized representative of a member)

Karolyn Baker, Vice President

(Typed or printed name of signee)

FILED STATE  
SECRETARY OF CORPORATIONS  
09 NOV 24 PM 2:20

**Filing Fee: \$25.00**