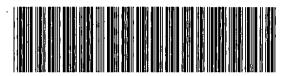
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(Requestor's Name)
. (Address)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dooding No. 100)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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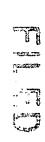
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Phillips 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 follow	ving:	
Leo Phillips		
(Name of Person)		
Phillips Mortgage, LLC		
(Firm/Company)		
(IIII company)		
4202 County Bood 51		
4203 County Road 51 (Address)		
Butler, IN 46721 Section 62 (City/State and Zip Code) - Code	Con Jan 19	
(City/State and Zip Code) - (City/State)	" to the state	
For further information concerning this matter, please call:		
Las Blattias	400 4004	
	e & Daytime Telephone Number)	
(Name of Person) (Area Coc	e & Daytime Telephone Number)	
STREET/COURIER ADDRESS: M.	AILING ADDRESS:	
	gistration Section	
· · · · · · · · · · · · · · · · · · ·	vision of Corporations	
Clifton Building P.C	D. Box 6327	
	llahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
▼\$25 Filing Fee \$30 Filing Fee \$55 Filing Fee \$55 Filing Fee \$55 Filing Fee		
Certificate of Status Certified Copy	Certificate of Status &	
	Certified Copy	

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

Phillips Mortgage, LLC	
(Name of limited liability company)	
Indiana	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	and surrenders its
This limited liability company revokes the authority of its registered agent to its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business in	o accept service on process based on a n Florida.
4203 County Road 51 (Mailing address)	
Butler, IN 46721 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in change in its mailing address. 5 23 08 (Signature of member or authorized representative of a member)	T
Leo Phillips (Typed or printed name of signee)	F F F F F STATE ALLAHASSEE FLORIDA

Filing Fee: \$25.00