MU6000002900

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



600160625016

DEFENDATIONS

BYISTER OF COSPONATIONS

TALL MUNSSEE, FLORIDA

RECEIVED

B. KOHR

SEP 2 4 2009

EXAMINER

09 SEP 24 PH 1: 23

SECRETARY OF STATE DIVISION OF CORPORATION



ACCOUNT NO. : 12000000195

REFERENCE : 134142

5142120

AUTHORIZATION 3

COST LIMIT /

ORDER DATE: September 23, 2009

ORDER TIME : 3:42 PM

ORDER NO. : 134142-010

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: SKYLINE HOME MORTGAGE, LLC

	CORPORA:	ľE	
	LIMITED	PARTNERSH	ſΡ
XXX	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: Troy Todd - EXT# 2940

EXAMINER:

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

Skyline Home Mortgage, LLC
(Name of limited liability company)
Delaware (Jurisdiction of its organization)
(Junistiction 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, X2401-05W (Mailing address)
(wanting 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.
Ha Law Baker
(Signature of member of authorized representative of a member)
Karolyn Baker, Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00