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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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DIVISION OF CORPORATIONS

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COVER LETTER

| O: Registration Section Division of Corporations |
|---|
| UBJECT:CADITAL FINANCE_LLC |
| (Name of Foreign Limited Liability Company) |
| ear Sir or Madam: |
| he enclosed withdrawal and fee(s) are submitted for filing. |
| lease return all correspondence concerning this matter to the following: |
| David Taylor |
| (Name of Person) |
| Capital Finance LLC |
| (Firm/Company) |
| 743 W. 6200 S., STE 6 |
| (Address) |
| Salt Lake City, Utah 84118 |
| (City/State and Zip Code) |
| or further information concerning this matter, please call: |
| David Taylor at (801) 955-1418 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| nclosed is a check for the following amount: |
| \$25 Filing Fee \$\times \text{S55 Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status & Certified Copy} \text{Certified Copy} \text{Certified Copy} |

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

| | 08 JAN 14 | DIVISION |
|--|------------------|--------------|
| | | 100円 |
| Capital Finance LLC | | |
| (Name of limited liability company) | | 22 PO |
| _ Ohio | MII: 5 | CORPORATIONS |
| (Jurisdiction of its organization) | - | 75 |
| This limited liability company is no longer transacting business in Florida and surre authority to transact business in this state. | | |
| This limited liability company revokes the authority of its registered agent to accept so its behalf and appoints the Department of State as its agent for service of process bacause of action arising during the time it was authorized to transact business in Florida. | ervice sed of | on 1 a |
| 1743 W. 6200 S., STE 6 | = | |
| (Mailing address) | | |
| Salt Lake City, Utah 84118 | | |
| (City/State/Zip) | | |
| The limited liability company agrees to notify the Department of State in the future change in its mailing address. | e of a | ıny |
| (Signature of member or authorized representative of a member) | | |
| David Taylor | | |
| David Taylor | | |
| (Typed or printed name of signee) | | |

Filing Fee: \$25.00