

MO6 000004888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

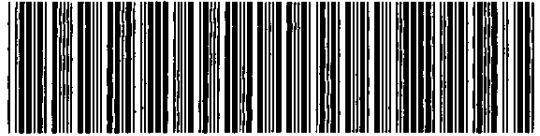
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 DEC 18 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

DEC 19 2008

EXAMINER

MO6-4888

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIAD MORTGAGE GROUP SOUTH, 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 following:

Jennifer Douglas
(Name of Person)

TRIAD MORTGAGE GROUP SOUTH, LLC
(Firm/Company)

2481 WISE AVE NW
(Address)

Canton, OH 44708
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Douglas at (888) 801-8085 ext 108
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

TRIAD MORTGAGE GROUP SOUTH, LLC

(Name of limited liability company)

OHIO

(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.

2481 Wise Ave NW

(Mailing address)

Canton, OH 44708

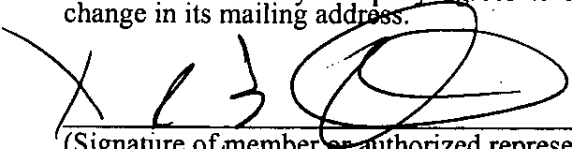
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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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)

Anthony Ciccarelli - President

(Typed or printed name of signee)

Filing Fee: \$25.00