

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



200086413402

02/13/07~-01052--002 **25.00

07 FEB I Ø AH 12: 07 SECRETARY OF STATE ALLAHASSEF FI OBIN

COVER LETTER

Registration Section **Division of Corporations** SUBJECT: J B Financial Group, L.L.C. (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: David F. Robinson, Manager (Name of Person) SunTrust Lender Management, LLC (Firm/Company) 901 Semmes Avenue, MTG 1815 (Address) Richmond, VA 23224 (City/State and Zip Code) For further information concerning this matter, please call: at (_804 Lin Jackson (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$60 Filing Fee, \$25 Filing Fee \$55 Filing Fee & \$30 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

| J B Financial Group, L.L.C. (Name of limited liability company) | |
|--|--------------------------------------|
| Delaware (Jurisdiction of its organization) | |
| This limited liability company is no longer transacting business in Florida and sauthority to transact business in this state. | surrenders its |
| This limited liability company revokes the authority of its registered agent to acceits behalf and appoints the Department of State as its agent for service of procescause of action arising during the time it was authorized to transact business in Florical contents. | pt service on s based on a da. |
| c/o SunTrust Lender Managment, L.L.C., 901 Semmes Avenue, MTG 1815 (Mailing address) | _ |
| Richmond, VA 23224 (City/State/Zip) | |
| The limited liability company agrees to notify the Department of State in the fichange in its mailing address. | future of any |
| (Signature of member or authorized representative of a member) | 07F SECH TALLA |
| David F. Robinson, Manager | ETARY HASSE |
| (Typed or printed name of signee) | AM 12: 07 OF STATE EFLORIDA |

Filing Fee: \$25.00