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| Special Instructions to F | iling Officer: | |
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D. BRUCE
MAY 1 6 2008

EXAMINER

COVER LETTER

| Division of Corporations | , | | | |
|--|---|-------------|-----------|----------|
| SUBJECT: ST Mortgage, L.L.C. | | | | |
| (Name of Foreig | gn Limited Liability Company) | | | |
| Dear Sir or Madam: | | | | |
| The enclosed withdrawal and fee(s) are submitted l | for filing. | | | |
| Please return all correspondence concerning this m | atter to the following: | | | |
| E. H. Clem | | | | |
| (Name of Person) | | | | |
| SunTrust Lender Management, L.L. | C. | | | |
| (Firm/Company) | , | ₩ | 0 | |
| 901 Semmes Avenue MTG 1815 | <u> </u> | SECKE I | 08 MAY 15 | |
| (Address) | | ART SSE | | P. CARP. |
| Richmond, VA 23224 | | OF STATE | PM 12: L1 | i m |
| (City/State and Zip Code) | | STAT ORI | 2: L | |
| For further information concerning this matter, plea | ase call: | D.F. | 4 | |
| E. H. Clem | at (804) 291-0320 | | | |
| (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 | | , | |
| Enclosed is a check for the following amount: | | | | |
| \$25 Filing Fee \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy | | | |

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

| SI Mortgage, 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 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. |
| c/o SunTrust Lender Management, L.L.C., 901 Semmes Ave. (Mailing address) |
| Richmond. VA 23224 (City/State/Zip) |
| 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) |
| Judith F. Rogers. Manager (Typed or printed name of signee) RECRETARY AND THE STATE OF THE STA |
| S PM 12: LI |

Filing Fee: \$25.00