(Requestor's Name)
(Address)
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(ladices)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE VLLAHASSEE, FLORIDA

FILED

COVER LETTER

. TO:

TO:	Registration Section Division of Corporations					
SUBJE						
	(Name of Forei	gn Limited Liability	Company)			
Dear Si	r or Madam:					
The end	losed withdrawal and fee(s) are submitted	for filing.				
Please r	eturn all correspondence concerning this m	natter to the following	y:			
Jenni	fer Neuenschwander					
	(Name of Person)		-			
Deal	Maker Mortgage, LLC					
	(Firm/Company)		-	¥SE	Ħ	
				L CR	≅ 5	•
1188	8 Walker Ln			ETARY OF STATE HASSEE, FLORIC	1000 MAY 15 P 3: 38	
	(Address)		-	EG.	<u>~</u>	Ì
ו ייינ	D1 46027)f S	U	
Fishe	ers, IN 46037		_	웅물	ىب	
	(City/State and Zip Code)			A 0.1	8	
For furt	her information concerning this matter, ple	ase call:				
Jenni	fer Neuenschwander	at (317	598-1677			
	(Name of Person)	(Area Code &	Daytime Telephone N	lumber)		
	STREET/COURIER ADDRESS:	МАП	JING ADDRESS:			
	Registration Section		tration Section			
	Division of Corporations Division of Corporations					
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallar	assee, Florida 32314	ł		
Enclose	ed is a check for the following amount:				•	
× \$25]	Filing Fee \$\bigcup \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee Certificate of S Certified Copy	Status &		

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

(Name of limited liability company) Delaware
(Jurisdiction of its organization)
(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.
11888 Walker Ln (Mailing address)
Fishers, IN 46037 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)
Brian Brandon (Typed or printed name of signee)

Filing Fee: \$25.00