

M07000005411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

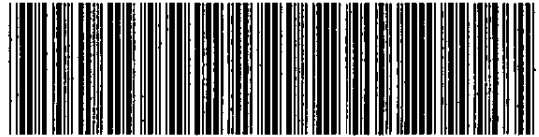
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED MORTGAGE & LOAN INVESTMENT, 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:

SCOTT HOEHN

(Name of Person)

UNITED MORTGAGE & LOAN INVESTMENT, LLC

(Firm/Company)

7621 LITTLE AVE., SUITE 426

(Address)

CHARLOTTE, NC 28226

(City/State and Zip Code)

FILED
10 APR - 1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SCOTT HOEHN

(Name of Person)

at (704) 543-2402

(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

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

UNITED MORTGAGE & LOAN INVESTMENT, LLC

(Name of limited liability company)

NORTH CAROLINA

(Jurisdiction of its organization)

M07000005411

(Florida Document Number)

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.

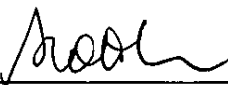
7321 LITTLE AVE., SUITE 426

(Mailing address)

CHARLOTTE, NC 28226

(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)

SCOTT HOEHN

(Typed or printed name of signee)

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10 APR - 1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00