

M08000000164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

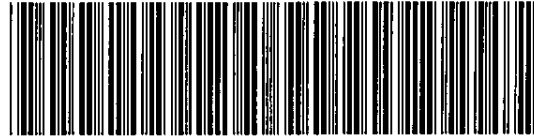
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DEC 1 2011

EXAMINER



400214337074

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 DEC -1 AM 10:49  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -1 PM 2:06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 999053 5142120  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

FILED  
SECRETARY OF COMMERCE  
DIVISION OF CORPORATIONS  
17 DEC -1 PM 2:06

ORDER DATE : November 30, 2011  
ORDER TIME : 6:02 PM  
ORDER NO. : 999053-025  
CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: PINNACLE MORTGAGE OF NEVADA,  
LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Becky Peirce - EXT# 2919

EXAMINER: \_\_\_\_\_

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
IN DEC - 1 PM 2:06

Pinnacle Mortgage of Nevada, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M0800000164

(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.

One Home Campus, MAC X2401-05W

(Mailing address)

Des Moines, IA 50328

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Karolyn Baker

(Signature of member or authorized representative of a member)

Karolyn Baker, Vice President

(Typed or printed name of signee)

**Filing Fee: \$25.00**