

MD8000000335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Foreclosure Rescue Services LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erly D. Decastro

(Name of Person)

Foreclosure Rescue Services

(Firm/Company)

2125 Biscayne Boulevard, Suite 100

(Address)

Miami, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Eileen Browne

(Name of Person)

at ( 305 ) 720-2521

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2009

ERLY D. DECASTRO  
2125 BISCAYNE BLVD., STE. 100  
MIAMI, FL 33137

SUBJECT: FORECLOSURE RESCUE SERVICES LLC  
Ref. Number: M08000000335

We have received your document for FORECLOSURE RESCUE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 209A00026652

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FORECLOSURE RESCUE SERVICES, 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:

ERLY D. DE CASTRO

(Name of Person)

FORECLOSURE RESCUE SERVICES, LLC

(Firm/Company)

2125 BISCAYNE BLVD. STE 100

(Address)

MIAMI, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

ERLY D. DE CASTRO

(Name of Person)

at ( 305 ) 720-2521

(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 &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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

FORECLOSURE RESCUE SERVICES, LLC

(Name of limited liability company)

DELEWARE

(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.

2125 BISCAYNE BOULEVARD, SUITE 100

(Mailing address)

MIAMI FL 33137

(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)

ERLY D. DECASTRO

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
09 SEP 15 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA