MOROCODIATIS

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| |

Special Instructions to Filing Officer:

L. SELLERS

MAR 3 1 2009

EXAMINER

Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | |
|---|---|---|---|--|
| SUBJECT: | Annexus Financial, LLC | | | |
| (Name of Foreign Limited Liability Company) | | | | |
| Dear Sir or Madam | :: | | | |
| The enclosed with | lrawal and fee(s) are submit | ted for filing. | | |
| Please return all co | rrespondence concerning th | is matter to the following | : | |
| | Beckie West | | | |
| | (Name of Person) | | | |
| | | | | |
| A | nnexus Financial, L | LC | | |
| | (Firm/Company) | | | |
| | | | | |
| | 8980 E Raintree #20 | 00 | | |
| | (Address) | | | |
| Sco | ottsdale, AZ 85260- | 7301 | | |
| | (City/State and Zip Co | | | |
| For further informa | tion concerning this matter, | please call: | | |
| Beckie West | | at (480 | 949 - 1088 | |
| (1 | Name of Person) | | Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: | | Registi Divisic P.O. B Tallaha | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| | | | — | |
| \$25 Filing Fee | \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | Certificate of Status & Certified Copy | |

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

Filing Fee: \$25.00

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SECNOTABLY OF STATE