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C. LEWIS

NOV 1 4 2011

EXAMINER

COVER LETTER

TO: Registration Division o	on Section f Corporations		
SUBJECT: HOI	ME PARTNERS FINA	NCE I, LLC	
	(Name of Fo	reign Limited Liability	/ Сотрапу)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitt	ed for filing.	
Please return all con	rrespondence concerning thi	s matter to the followin	ng:
ROGER J KRY	'STOPA		_
	(Name of Person)		
HOME PARTN	IERS FINANCE I, LL	.c	_
	(Firm/Company)		_
615 WEST JO	HNSON AVENUE, S	SUITE 202	_
OUEQUIDE O	T 00440		
CHESHIRE, C	(City/State and Zip Coo	Je)	_
For further informat	ion concerning this matter,	olease call:	
ROGER J KRY	/STOPA	at (203_	, 699-2633
(N	ame 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:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
☑ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 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

HOME PARTNERS FINANCE I, LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	· · · · · · · · · · · · · · · · · · ·
M0800002476	
(Florida Document Number)	
This limited liability company is no longer transacting business authority to transact business in this state.	in Florida and surrenders its
This limited liability company revokes the authority of its register its behalf and appoints the Department of State as its agent for cause of action arising during the time it was authorized to transact	red agent to accept service on service of process based on a business in Florida.
C/O PAUL H BEGEMANN, ESQ., 2764 WHIT (Mailing address)	TNEY AVENUE
HAMDEN, CT 06518 (City/State/Zip)	<u> </u>
The limited liability company agrees to notify the Department change in its mailing address.	of State in the future of any
	_
(Signature of member or authorized representative of a member)	
ROGER J KRYSTOPA, VP/TREASURER	_
(Typed or printed name of signee)	ZALI NOV DO I
C/O PAUL H BEGEMANN, ESQ., 2764 WHIT (Mailing address) HAMDEN, CT 06518 (City/State/Zip) The limited liability company agrees to notify the Department change in its mailing address. (Signature of member or authorized representative of a member) ROGER J KRYSTOPA, VP/TREASURER	of State in the future of any SECRET

Filing Fee: \$25.00