

M08 0000002966

(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:

Office Use Only



300187857633

RECEIVED

10 DEC -1 AM 10:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
10 DEC -1 PM 2:09

B. KOHR
DEC -1 2010
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 592598 5142120

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 30, 2010

ORDER TIME : 4:0 PM

ORDER NO. : 592598-010

CUSTOMER NO: 5142120

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 DEC -1 PM 2:09

FOREIGN FILINGS

NAME: RESIDENTIAL HOME DIVISION, 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: Susie Knight - EXT# 2956

EXAMINER: _____

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

Residential Home Division, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M08000002966

(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.

1 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.



(Signature of member or authorized representative of a member)

Karolyn Baker, Vice President

(Typed or printed name of signee)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC - 1 PM 2:09

Filing Fee: \$25.00