M0800000 4122

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 2 9 2009
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: FRankly Credit Loan Servicins, 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:
DONNA BONFIGLIO (Name of Person)
FRANKlin Cred't Management Corporation (Firm/Company)
101 Hudson Street 25th Floor
Jersey City, NJ 07302 (City/State and Zip Code)
For further information concerning this matter, please call:
DONNA BONFIGLIS at (201) 604-1800 ext. 4747 (Name of Person) (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: λ
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy

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

Franklin Credit Loan Servicing, LLC (Name of limited liability company)	
(Name of limited liability company)	
Delaware MO800000 4122 (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.	
101 Audson Street 25th Floor (Mailing address)	
Jersey City, NJ 07302 (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 of authorized representative of a member)	
Alexander (FORDON JARDIN) (Typed or printed name of signee) ARDIN ARDI	<u>-n</u>
28 PM 12: 5 FARY OF STATE ASSEE, FLORE	LEU
DATE 51	

Filing Fee: \$25.00