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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

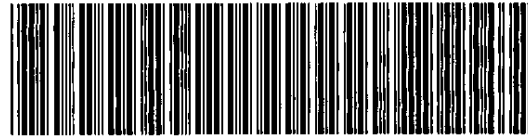
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE
AUG 25 2010
EXAMINER
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2010 AUG 24 AM 10:52
FILED



1150 South Olive Street, Suite T-2701
Los Angeles, CA 90015

VIA CERTIFIED MAIL

(213) 742-3491 – Telephone
(213) 741-6623 – Fax

August 17, 2010

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Transamerica Life Solutions, LLC
Cancellation of Registration/Foreign Limited Liability Company

Dear Sir or Madam:

Pursuant to the s. 608.511, Florida Statutes with respect to the referenced matter, enclosed herewith are the following documents:

1. Cover
2. Application for Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida
3. A check in the amount of \$25.00 in payment of the required filing fee.

Would you please file stamp the enclosed copy of the Application, and return to me in the self-addressed, postage-paid envelope provided. Thank you.

If you have any questions, do not hesitate to contact me at (213) 742-3491 or by email at doris.motherspaw@transamerica.com.

Very truly yours,

A handwritten signature in black ink, appearing to read "Doris D. Motherspaw", written over a horizontal line.

Doris D. Motherspaw
Senior Paralegal

/ddm

Enclosures

cc: Jason Orlandi, Esq.

2010 AUG 22 AM 10:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Transamerica Life Solutions, 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:

Jason Orlandi, Esq.
(Name of Person)

Transamerica Life Solutions, LLC
(Firm/Company)

1150 South Olive Street, Suite T-2700
(Address)

Los Angeles, CA 90015
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Orlandi at (213) 742-2853
(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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2010 AUG 24 AM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Transamerica Life Solutions, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M08000005484

(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.

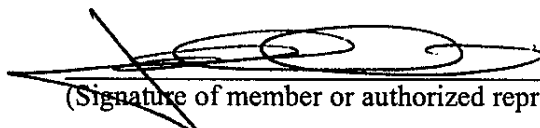
1150 South Olive Street, Suite T-2700

(Mailing address)

Los Angeles, CA 90015

(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)

Jason Orlandi, Manager

(Typed or printed name of signee)

FILED
2010 AUG 24 4:41 PM 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00