

ML0000001688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

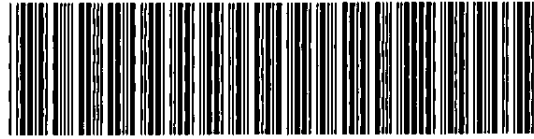
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**B. KOHR**

AUG 26 2011

**EXAMINER**



500211142805

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 AUG 25 AM 10:03

RECEIVED

11 AUG 25 PM 4:11

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 891146 5142120

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 AUG 25 AM 10:03

ORDER DATE : August 25, 2011

ORDER TIME : 3:53 PM

ORDER NO. : 891146-030

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: EATON MORTGAGE, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Becky Peirce - EXT# 2919

EXAMINER: \_\_\_\_\_

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 25 AM 10:03

Eaton Mortgage, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M10000001688

(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.

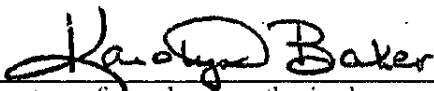
One Home Campus, MAC X2401-05W

(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)

**Filing Fee: \$25.00**