## M10000004543

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		
·				

۲,

Office Use Only



300235087213

RECEIVED
112 HAY 29 PH 1:5
SEGRETARY OF STAT

SEORE IAM SE 42 DIVISION OF CORPORATION

T. HAMPTON



ACCOUNT NO. : I2000000195

REFERENCE : 214,014 5142120

AUTHORIZATION -

COST LIMIT *U*: \$ 25.00

ORDER DATE: May 22, 2012

ORDER TIME : 11:42 AM

ORDER NO. : 214014-145

CUSTOMER NO: 5142120

## FOREIGN FILINGS

NAME: WFRBD, LLC

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT# 2920

EXAMINER:

Movida

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: WFR	BD, LLC		
	(Name of Fo	reign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all corr	espondence concerning this	s matter to the following	Ç.
Karolyn Baker			•
	(Name of Person)		
Wells Fargo Ver	itures, LLC		
	(Firm/Company)		
One Home Camp	ous, MAC X2401-05W	,	
	(Address)		
Des Moines, IA	50328		
	(City/State and Zip Cod	le)	
For further informati	on concerning this matter, p	olease call:	
Karolyn Baker		at (515	) 213-5548 Daytime Telephone Number)
. (N:	ame of Person)	. (Area Code &	Daytime Telephone Number)
Registratior Division of Clifton Buil 2661 Execu	Corporations	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

Florida

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

WFRBD, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M1000004543
(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 ts 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.

Filing Fee: \$25.00

(Signature of member or authorized representative of a member)

Karolyn Baker, Vice President
(Typed or printed name of signce)