

m11000002186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

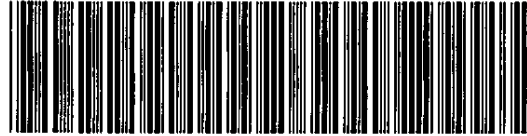
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600252913726

10/30/13--01013--013 **25.00

FILED
2013 OCT 30 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Performance Title of Mississippi, 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:

Benji Godbold
(Name of Person)

Performance Title, LLC
(Firm/Company)

137 Main Street
(Address)

Bay St. Louis, MS 39520
(City/State and Zip Code)

For further information concerning this matter, please call:

Benji Godbold at (888) 641-3334
(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
2013 OCT 30 PM 1:40
TALLAHASSEE, FLORIDA

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

Performance Title of Mississippi, LLC

(Name of limited liability company)

Mississippi

(Jurisdiction of its organization)

M11000002186

(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.

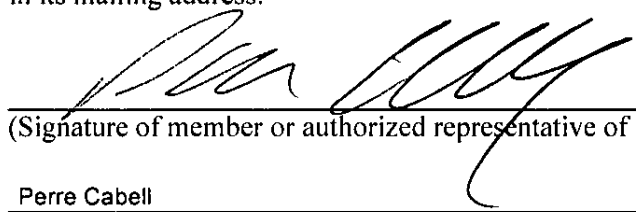
125 Court Street

(Mailing address)

Bay St. Louis, MS 39520

(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)

Perre Cabell

(Typed or printed name of signee)

FILED
2013 OCT 30 PM 1:40
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00