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(F	Requestor's Name)		
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SECKETARY OF STATE DIVISION OF COMPORATION 29

COVER LETTER

TO:	TO: Registration Section Division of Corporations	
SUBJ	ECT: ALBA MORTGAGE SEF	RVICES LLC d Liability Company)
The enfiling.		nanager resignation and fee(s) are submitted for
Please	e return all correspondence concerning th	is matter to:
SUS	SAN MCNABB	
	(Contact Person)	
ALB	A MORTGAGE SERVICES LI	_C
	(Firm/Company)	
126	50 78TH AVE	
	(Address)	
SEB	BASTIAN, FL 32958	
	(City/State and Zip Code)	500-500-1-0-00-0-1-0-0-0-0-0-0-0-0-0-0-0
For fu	arther information concerning this matter	, please call:
SUS	SAN MCNABB	772) 633 6665
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to	
	\$25 Filing Fee	
	/ \	Certified Copy
	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	stration Section	Registration Section
	ion of Corporations	Division of Corporations
	on Building	P.O. Box 6327
	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 32314
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CR2E079 (5/06)

2007-09 1216:54

Steen M. Nabb

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FUORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: ALBA MORTGAGE SEF	s it appears on the records of the Florida Department RVICES LLC
2. This limited liability company was organized FLORIDA	
3. The Florida document/registration number of L05000021678	of this limited liability company is:
, PETER DOBSON	, hereby resign as it MEMBER (Print Total)
(Print Name of Person Resigning)	(Prot Tite)
of this limited liability company and affirm the resignation in writing.	he limited liability company has been notified of my
Signature of Resigning Member, Managing	Member or Manager
•	07
	Q

\$25.00 (Required)

\$30.00 (Optional)

CK26379 (5/36)

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