

PAGE 01/02 Page 1 of 2

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : LAMONT NEIMAN & INTERIAN, P.A. Account Number : 12000000051 Phone : (305)530-9400 Fax Number : (305)530-9409

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*



ż

(Name of Corporation)

((<u>H150002184203</u>)))

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Lamont Neiman & Interian, P.A. (Name of Registered Agent)

hereby resigns as Registered Agent for Coastal States Mortgage Corporation

569960

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Robert J. Lamont (Signature of Resigning Agent)

If signing on behalf of an entity:

Robert S. Lamont (Typed or Printed Name)

President

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



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