

699/63

(Requestor's Name)

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(Business Entity Name)

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FILED
16 APR 20 PM 1:34
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

APR 25 2016

D CONNELL

Dec. Tracy R.A.
RESION

APR 25 2016

D CONNELL



April 21, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INDEPENDENCE MORTGAGE TRUST
SUITE 3300
TWO PEACHTREE STREET, N.W.
ATLANTA GA, 30303

SUBJECT: INDEPENDENCE MORTGAGE TRUST
REF: 699163

RE-SUBMIT

Please retain original filing
date of submission 4/20

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Since this is a declaration of trust, you must replace the word "corporation" with the words "declaration of trust" throughout the registered agent resignation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: B16000098625
Letter Number: 916A00008236

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Independence Mortgage Trust
(Name of Corporation)

DOCUMENT NUMBER: 699163

The enclosed Resignation of Registered Agent for a ^{Declaration of Trust}~~Corporation~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa Alfieri

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 8th Avenue, 13th Floor

(Address)

New York, New York 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Alfieri

(Name of Person)

at (212) 894-8516

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active ^{declaration of trust}~~corporation~~ or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn ~~corporation~~.
declaration of trust

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**
Declaration of Trust

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CT CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for Independence Mortgage Trust

(Name of Corporation)

Declaration of Trust

699163

(Document Number, if known)

A copy of this resignation was mailed to the above listed ~~corporation~~ *declaration of Trust* 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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

CT CORPORATION SYSTEM-Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILED
16 APR 20 PM 1:34
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active Corporation *Declaration of Trust*

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Declaration of Trust

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