

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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DIVISION OF CORPORATION

C. LEWIS

AUG 2 0 2014

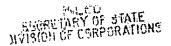
EXAMMER

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: RESIDENTIAL FINAN	CE CORPORATION	N	
	(Name of Corpora	tion)	
DOCUMENT NUMBER: F00000	000857		•
The enclosed Resignation of Register	ed Agent for a Corpoi	ration and fee are submitted for	filing.
Please return all correspondence conc	erning this matter to t	the following:	
Tiffany Roth			
(Name of Persor	1)	_	
National Corporate R	esearch, Ltd		
(Name of Firm/Com	pany)	_	
615 S Dupont Hwy			
(Address)		-	
Dover, DE 19901			
(City/State and Zip (Code)	_	
For further information concerning th	is matter, please call:		
Tiffany Roth	at (866	621-3524	
(Name of Person)		e & Daytime Telephone Number)	
Enclosed is a check made payable to or \$35.00 for an administratively diss	the Florida Department olved, voluntarily dise	nt of State for \$87.50 for an act solved or withdrawn corporation	ive corporation.

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

14 AUG 12 PM 12: 35

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, National Corporate Research, Ltd.
(Name of Registered Agent)
hereby resigns as Registered Agent for RESIDENTIAL FINANCE CORPORATION
(Name of Corporation)
F0000000857
(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. (Signature of Resigning Agent)
If signing on behalf of an entity:
Florence Spelzhausen
(Typed or Printed Name)
Assistant Secretary
(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