

Division of Corporations Public Access System

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:oT

Division of Corporations

Fax Number : (850) 617-6380

responding to the second secon

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.

Account Number : I20030000062

Phone

: {609}716-0300

Fax Number

: (609)716-0820

## REGISTERED AGENT RESIGNATION

## INDEPENDENT FINANCIAL MORTGAGE INC.

| Certificate of Status | 0       |
|-----------------------|---------|
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Corporate Filing Menu

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11/12/2008

Nov 12 2008 9:37

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November 12, 2008

FLORIDA DEPARTMENT OF STATE

INDEPENDENT FINANCIAL MORTGAGE INC.

27702 CROWN VALLEY PKWY D4241

LADERA RANCH, CA 92694US

SUBJECT: INDEPENDENT FINANCIAL MORTGAGE INC.

REF: F03000005595

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.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

THE CORRECT DOCUMENT NUMBER FOR THE CORPORATION IS F03000005595. PLEASE CORRECT THE DOCUMENT ACCORDINGLY.

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) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H08000253291 Letter Number: 308A00056831 (H080002545643)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60 | 7.0502(2), 617.0502(2), 607.1509, or 617.   | 1509,       |  |
|---|---|-------------|--|
| Florida Statutes, the undersigned,        | NRAI SERVICES, INC.   |             |  |
| ·   | (Name of Registered Agent)  |             |  |
| hereby resigns as Registered Agent for _  | Independent Financial Mortgage Inc. (Name of Corporation)                             |             |  |
| F030000055 <b>4</b> 5                     |   | •           |  |
| (Document Number, if known)               | _   |             |  |
| A copy of this resignation was mailed to  | the above listed corporation at its last kno  | wn address. |  |
| this statement is filed.                  | discontinued on the 31st day after the date  Services Inc.  Plant of Resigning Agent) |             | **************************************   |
| If signing on behalf of an entity:        | ( ( )   | NOV 12 P    | Name of the last o |
| Ledie                                     | > Lotton  | PH 2:       |  |
| (T  | yped or Printed Name)   |             |  |
| Assi                                      | stant Secretary   | Cong (      |  |
|   | (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

(HO80002545643)