F04000003968

(Requestor's Name)		
(Address)		
(Address)		
(City (Chab. 17) = /Db an a 40		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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Office Use Only



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03/24/09--01034--006 **262.50

09 MAR 24 PM 4: 35
SECRETARY OF STATE

Polon

March 20, 2009

RE: DREAM HOUSE MORTGAGE CORPORATION. (RI. DOM.) EDUCATION FINANCE PARTNERS, INC. (DE. DOM.) FASTLANE FINANCIAL INC. (CA. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

09 MAR 24 PH 4: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>262.50</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0502(2), 617.0502(2), 607.1509, or 617.	.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	-
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	DREAM HOUSE MORTGAGE CORPORAT	
nereby resigns as Registered Agent for	(Name of Corporation))
F0400003968		
(Document Number, if known)	_	
A copy of this resignation was mailed to	o the above listed corporation at its last kno	wn address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which
\mathcal{L}	ell.	SEC
(Si	gnature of Resigning Agent)	全部 😆
If signing on behalf of an entity:		O9 MAR 24 PH SECRETARY OF A ALLAHASSEE, FI
C T CORPORAT	TION SYSTEM - THERESA ALFIERI	ED PH 4: 35 OF STATE E, FLORIDA
	Typed or Printed Name)	ATE ATE ORIDA
AS	SISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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