

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number: 120050000052

Phone

: (302)531-0855

Fax Number

: (850)656-7953

## REGISTERED AGENT RESIGNATION

FIRST CHOICE HOME FINANCE, INC.

Certificate of Status	0
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Help

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No. 6326 P. 2

H09000136314 3

## **COVER LETTER**

	sion of Corporations		
SUBJECT	FIRST CHOICE HO	ME FINANCE, INC.	
		(Name of Corporation	n)
DOCUME	NT NUMBER: F050	00000596	
The enclose	d Resignation of Regis	tered Agent for a Corporat	ion and fee are submitted for filing.
Please retur	n all correspondence co	oncerning this matter to the	following:
TUNISHA			
<del></del>	(Name of Per	(noz	
INCORPO	DRATING SERVICES		
	(Name of Firm/Co	ompany)	
3500 S. E	DUPONT HIGHWAY		
	(Address)		
DOVER,	DE 19901		
	(City/State and Zi	•	
For further	information concerning	this matter, please call:	
TUNISHA		at ( 302 )	531-0855  Daytime Telephone Number)
	(Name of Person)	(Area Code &	t Daytime Telephone Number)
Enclosed is or \$35.00 fe	a check made payable to an administratively d	to the Florida Department of issolved, voluntarily dissol	of State for \$87.50 for an active corporation wed or withdrawn corporation.
Clifton Buil	t Section Corporations ding tive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	5

CR2E046(08/05)

H09000136314 3

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED MII: 22 Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, INCORPORATING SERVICES, LTD. Florida Statutes, the undersigned, (Name of Registered Agent) hereby resigns as Registered Agent for FIRST CHOICE HOME FINANCE, INC. (Name of Corporation) F05000000596 (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.

If signing on behalf of an entity:

Candice B. Swetland (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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