

## 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 : NATIONAL REGISTERED AGENTS, INC.

Account Number : I20030000062 Phone : (609)716-0300

Fax Number : (609)716-0820



## REGISTERED AGENT RESIGNATION

CLASSIC HOME LENDING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

(Signature of Resigning Agent)  If signing on behalf of an entity:  Leslie Lofton  (Typed or Printed Name)  ALCARIAN ON MAY IN ARRY OF THE	Pursuant to the provisions of sections 607.050	12(2), 617.0502(2), 607.1509, or 617.1509,
(Name of Registered Agent)  hereby resigns as Registered Agent for Classic Home Lending, Inc.  (Name of Corporation)  F-05000001620 (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:  Leslie Lofton  (Typed or Printed Name)  (Capacity)	Florida Statutes, the undersigned.	NRAi Services, Inc.
(Name of Corporation)  F-05000001620 (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 an the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)  If signing on behalf of an entity:  Leslie Lofton  (Typed or Printed Name)  AREA ASA ASA ASA ASA ASA ASA ASA ASA ASA A	Tiones outdoor, mo unation gires,	(Name of Registered Agent)
(Name of Corporation)  F-05000001620 (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:  Leslie Lofton  (Typed or Printed Name)  (Capacity)  (Capacity)	hereby resigns as Registered Agent for	
(Signature of Resigning Agent)  Leslie Lofton  (Typed or Printed Name)  (Capacity)  (Capacity)  (Document Number, if known)  A copy of this resignation was mailed to the above listed corporation at its last known address.  (Signature of Resigning Agent)  (Signature of Resigning Agent)  (Capacity)		(Name of Corporation)
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)  Leslie Lofton  (Typed or Printed Name)  (Capacity)  (Capacity)	F-05000001620	
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)  Leslie Lofton  (Typed or Printed Name)  (Capacity)  (Capacity)  (Capacity)	(Document Number, if known)	
(Signature of Resigning Agent)  If signing on behalf of an entity:  Leslie Lofton  (Typed or Printed Name)  ALCARIAN ON MAY IN ARRY OF THE	A copy of this resignation was mailed to the a	bove listed corporation at its last known address.
Leslie Lofton  (Typed or Printed Name)  ASSECTION  (Capacity)  (Capacity)  (Capacity)  (Capacity)  (Capacity)  (Capacity)  (Capacity)  (Capacity)  (Capacity)	-John Joth	•
(Typed or Printed Name)  ASSECRETARY OF THE COMPANY	If signing on behalf of an entity:	
Assert Servary (Capacity)  ASSERT OF THE PROPERTY OF THE PROPE	Les	lie Lofton
Assistant Scretary  (Capacity)  AND THE PROPERTY OF THE PROPER	(Typed	or Printed Name)
- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Assistant S	SECRETARY OF THE SECRET
Fee for filing this document:  \$87.50 - Active corporation	\$87.50 - Active co	rporation DE
\$35.00 - Administratively dissolved/voluntarily dissolved/ oo withdrawn corporation		· · · · · · · · · · · · · · · · · · ·

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

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