

F05000005773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

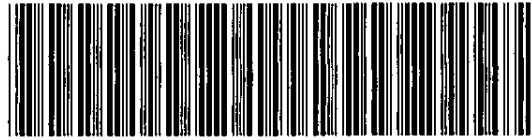
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000207368070

Resignation
to RA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 MAY -9 PM 3:55
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2011 MAY -9 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
R
19

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/09/11

NAME: LINDEN RESIDENTIAL CREDIT CORP.

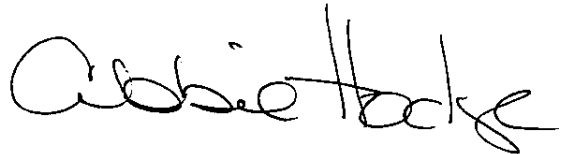
TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2011 MAY -9 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, FLORIDA FILING & SEARCH SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for LINDEN RESIDENTIAL CREDIT CORP

(Name of Corporation)

F05000005773

(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.

Abbie P Hodge
(Signature of Resigning Agent)

If signing on behalf of an entity:

ABBIE P. HODGE

(Typed or Printed Name)

VICE PRESIDENT

(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withdrawn corporation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