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Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (050)617~6380

From:

Account Name : REGISTERED AGENTS LEGAL SERVICES, LLC

Account Number : 120080000056

Phone

; (800)400-6650

Fax Number

: (302)421-5753

### REGISTERED AGENT RESIGNATION

MERCHANTS HOME LOAN, INC.

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

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10/27/2008

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#### **COVER LETTER**

Division of Corporations
SUBJECT: Merchants Home Loan, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F05000007116
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathryn Williams
(Name of Person)
Registered Agents Legal Services, LLC
(Name of Firm/Company)
1220 N Market Street, Suite 806
(Address)
Wilmington, DE 19801
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at ( 800 ) 400-6650 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

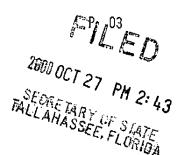
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### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Registered Agents Legal Services, LLC	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Merchants Home Loan, Inc.	
(Name of Corporation)	
(Document Number, if known)	
A copy of this resignation was malled 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.	
Donne Poulds (Signature of Résigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	
(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

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