F060000004618

| (Re | questor's Name) | |
|---|--------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Address) | | |
| | | |
| (Cit | ty/State/Zip/Phone | 9 #) |
| (| • | , |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies | Certificates | s of Status |
| | _ | |
| | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | İ |
| | | |
| | | |
| | | |
| | | |





900182304759

06/21/10--01026--015 **35.00

TANECRETARY OF STATE

R.A. Resign.

TB

JUN 22 2010

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|--|--|
| SUBJECT: 1ST PERSONAL MOR | ≀TGAGE SERVICE, II | NC. |
| | (Name of Corporatio | n) |
| DOCUMENT NUMBER: F06000 | 004618 | |
| The enclosed Resignation of Registere | | ion and fee are submitted for filing. |
| Please return all correspondence conce | erning this matter to the | following: |
| SHARON COOKE | | |
| (Name of Person |) | |
| PARACORP INCORPORATED | | |
| (Name of Firm/Comp | pany) | |
| PO BOX 160568 | | |
| (Address) | | |
| SACRAMENTO, CA 95816 | | |
| (City/State and Zip C | ode) | |
| For further information concerning thi | is matter, please call: | • |
| SHARON COOKE | at (888) | 886-7166 |
| (Name of Person) | | ¿ Daytime Telephone Number) |
| Enclosed is a check made payable to the or \$35.00 for an administratively disso | he Florida Department olved, voluntarily dissol | of State for \$87.50 for an active corporation ved or withdrawn corporation. |
| Amendment Section 7 Division of Corporations I Clifton Building I | Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 | S |

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| \mathcal{F}_{I} |
|---|
| RESIGNATION OF REGISTERED AGENT FOR A CORPORATION RESIGNATION ALLAHASSFOFS 40 |
| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
| Florida Statutes, the undersigned, PARACORP INCORPORATED |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for 1ST PERSONAL MORTGAGE SERVICE, INC. (Name of Corporation) |
| F06000004618 |
| (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: |
| NINH HO |
| (Typed or Printed Name) |
| Asst Secretary, Paracorp Incorporated |

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

(Capacity)