

FD6000005816

(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



700136647207

10/07/08--01022--009 **35.00

FILED

08 OCT -7 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RWR
10/13/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED MORTGAGE NETWORK, INC.
(Name of Corporation)

DOCUMENT NUMBER: F06000005816

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:

SHARON COOKE

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO, CA 95816-0568

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON COOKE

(Name of Person)

at (888) 886-7166

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 32301-0000

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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, PARACORP INCORPORATED

(Name of Registered Agent)

hereby resigns as Registered Agent for ADVANCED MORTGAGE NETWORK, INC.

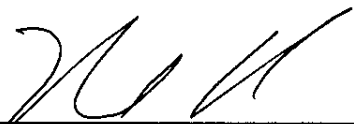
(Name of Corporation)

F06000005816

(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

(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

08 OCT -7 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED