F08000001547

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
· (Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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RAResign Theurs 11-4-10

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: CANDOR MORTGAGE CORPORATION
	(Name of Corporation)
DOC	UMENT NUMBER: F08000001547
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
SHA	ARON COOKE
 -	(Name of Person)
PAR	RACORP INCORPORATED
	(Name of Firm/Company)
PO E	BOX 160568
•	(Address)
SAC	CRÁMENTO, CA 95816
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
SHA	RON COOKE at (800) 533-7272 (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FOR	. A CORPORATION	2010 NOV
Pursuant to the provisions of sections 66 Florida Statutes, the undersigned, PA	07.0502(2), 617.0502(2), 607.1509, or RACORP INCORPORATED	617INSEGRETARY OF STATE
,	(Name of Registered Agent)	LORIDA
hereby resigns as Registered Agent for	CANDOR MORTGAGE CORPOR	ATION
	(Name of Corporation)	
F08000001547		
(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 o	late on which

(Signature of Resigning Agent)

If signing on behalf of an entity:

this statement is filed.

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withdrawn corporation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