

FD9000001696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

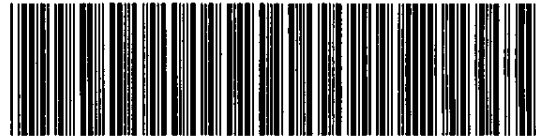
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 JUL 23 PM 11:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

CM
8-514



July 14, 2014

RE: BSW INTERNATIONAL, INC.
DAVIDSON-BABCOCK, INC.
HDE, INC.
LMG-LUCID MANAGEMENT GROUP INC.
MID NATION MORTGAGE CORPORATION

(OK. DOM.)
(LA. DOM.)
(FL. DOM.)
(WA. DOM.)
(MO. DOM.)

FILED
14 JUL 23 PM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporation. Also enclosed is 1 check in the amount of \$175.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary
(212)894-8516

TA/hm
Enclosure

National Registered Agents, Inc.

111 Eighth Avenue 13th Floor New York, NY 10011

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
14 JUL 23 PM 11:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Florida Statutes, the undersigned, NRAI SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for DAVIDSON-BABCOCK, INC. (IA. DOM.)

(Name of Corporation)

F09000001696

(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:

NRAI SERVICES, INC. - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(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withdrawn corporation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