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Certified Copies		Certificat	es of S	tatus
Special Instructions	to Fili	ng Officer:	-	

Office Use Only



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#### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: REESESQUA	ARED MORT	GAGE, INC.	
	(Name of Corporat	ion)	
DOCUMENT NUMBER: F2100	0005102		
The enclosed Resignation of Registe	ered Agent for a Corpor	ation and fee are submitted for filing	g.
Please return all correspondence cor	ncerning this matter to t	he following:	
CHRIS MAYS			
(Name of Perso	on)	-	
PARACORP INCO	<b>RPORATED</b>	l	
(Name of Firm/Cor	mpany)	=	
PO BOX 160568			
(Address)		_	
SACRAMENTO CA	, 95833		
(City/State and Zip	(Code)	<del>-</del>	
For further information concerning (	this matter, please call:		
CHRIS MAYS	at (800	,533.7272	
(Name of Person)	(Area Code	& Daytime Telephone Number)	
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Departmen ssolved, voluntarily diss	nt of State for \$87,50 for an active c solved or withdrawn corporation.	orporati

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

# 20231147 -3 PM 1:25

## 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)
(Name of Registered Agent)
hereby resigns as Registered Agent for REESESQUARED MORTGAGE, INC.
(Name of Corporation)
F21000005102
(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:
ABIGALE PETERSON

### ASST. SECRETARY FOR PARACORP INCORPORATED

(Typed or Printed Name)

(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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