LDD 000028419

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
,
Codified Control
Certified Copies Certificates of Status
;
Special instructions to Filing Officer:

Office Use Only



200159538942

08/17/09--01014--005 **25.00

2009 AUG 17 PM 1: 40

T. CLINE
AUG 1 8 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Insight Mortgage Group, LLC (Name of Limited Liability Control of Liabilit	mnany)
(Name of Elithed Elability Col	inparty)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Maylin Casanueva	_
(Contact Person)	_
Insight Mortgage Group, LLC	
(Firm/Company)	AECT A
4391 SW 1 Street	2009 AUG 17 PM 1: 40 SECRETARY OF STATE FALLAHASSEE FLORID
(Address)	
Miami, FL. 33134	F CO
(City/State and Zip Code)	
For further information concerning this matter, please call:	' D
Maylin Casanueva at 305	7756292
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it app		of the Flo	rida De	•	ent
	llity company was organized unde			ECRETARY OF	2009 AUG 17 Ph	
3. The Florida docu 	ment/registration number of this l	imited liability com	ıpany is:	FLORIDA	0h :! Wd	
4. I, Maylin Cas	sanueva ame of Person Resigning)	hereby resign as a	Manag	er int Title)		-
of this limited lial resignation in wr	ting.			,	ed of m	ıy
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing Membe \$25.00 (Required) \$30.00 (Optional)	r or Manager				