

LO2000032669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

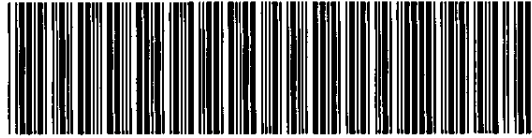
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LA Resign

FILED

2007 JAN 11 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JAN 11 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2007

CATHERINE F. ACKERMAN
FLEMING MORTGAGE
500 NE 8TH AVE
OCALA, FL 34470

SUBJECT: FLEMING MORTGAGE SERVICES, LLC.
Ref. Number: L02000032669

We have received your document for FLEMING MORTGAGE SERVICES, LLC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 107A00000641

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLEMING MORTGAGE SERVICES, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L02000032669

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Heath Fleming
(Name of Person)

FLEMING MORTGAGE
(Name of Firm/Company)

2123 SW 20th Place Suite 102
(Address)
Ocala FL 34474
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine F. Ackerman at (352) 629 8800
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CATHERINE F. ACKERMAN

(Name of Registered Agent)

, hereby resigns as

FLEMING MORTGAGE SERVICES, LLC

Registered Agent for

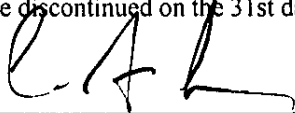
(Name of Limited Liability Company)

L02000032669

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314