Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P. Account Number: 073222003555

Phone : (561)686-3307 Fax Number : (561)471-0894

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION

LIBERTY HOMESYNC FINANCIAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,
Gary N. Gerson Name of Registered Agent		, hereby resigns as
Registered Agent for	Liberty Homesync Financial Services, LLC	
	Name of Limited Liability Compa	лу
L03000038	3322	
Document Number	, if known	
A copy of this resignation wa	as mailed to the above listed limited	d liability company at its last known address.
The agency is terminated and	d the office discontinued on the 1s	st day after the date on which this statement is filed.
If signing on behalf of an ent	tity:	
	Gary N. Gersor	1
	Typed or Printed Name	
	Capacity	

Active limited liability company
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withdrawn limited liability company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

INHS17 (08/05)