

(Requestor's Name)
(Address)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(- · · · · · · · · · · · · · · · · · · ·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.

Office Use Only

G. MCLEOD

DEC 1'4' 2009

EXAMINER



200163390282

12/11/09--01010--013 **25.00

09 DEC 11 PH 2: 10

SECRETARY OF SIGNON DIVISION OF CORPORATION

" fp.

LAW OFFICES

ANDREW W. HORN

PROFESSIONAL ASSOCIATION
SUNTRUST INTERNATIONAL CENTER
SUITE 2230
ONE SOUTHEAST 3RD AVENUE
MIAMI, FLORIDA 33131

ANDREW W. HORN *

OF COUNSEL
H. CLAY ROBERTS
NEIL M. SCHUSTER *
ADMITTED IN FLORIDA
AND COLORADO

December 8, 2009

TELEPHONE (305) 373-7789
TELECOPIER (305) 372-9180
E-mail: Lawofficehorn@msn.com

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Countrywide Mortgage LLC

Resignation of Andrew W. Horn, Esq., Registered Agent

Dear Division of Corporations:

I have enclosed herewith the following:

- Cover letter for resignation as Registered Agent for Countrywide Mortgage
 L C
- Executed Resignation as Registered Agent for Countrywide Mortgage LLC, Document No. L04000052222.
- 3. Check in the amount of \$25.00 payable to Florida Department of State due to the administratively dissolved status of the limited liability company.

Please provide me with confirmation of termination of resident agent status.

Enclosed for your convenience is stamped self-addressed return envelope.

Very/truly yours,

ANDREW W. HORN 🗸

AWH:mp Enclosures

cc: Countrywide Mortgage LLC

COVER LETTER

12/7/09

·
SUBJECT: Countrywide Mortgage LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L04000052222
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:
Andrew W. Horn, Esq.
Name of Person
Law Offices of Andrew W. Horn, Esq.
Name of Firm/Company
One S.E. 3rd Avenue, Suite 2230 Address
Miami, Florida 33131 City/State and Zip Code
Lawofficehorn@msn.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew W. Horn, Esq. at (305) 373-7789 Name of Person Area Code & Daytime Telephone Number
Traine of Feison Area code & Daytime Feiephone Pumber

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:

TO:

Amendment Section

Division of Corporations

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•		(2) or 608.509, Florida	Statutes, the undersigned,		
Andrew W. Horn,			, hereby resigns as		
	Name of Registered Ager	nt			
Registered Agent for	Countrywide Mo	rtgage LLC	//		
				,	
	Name of Lim	nited Liability Company			
L04000052222		_//			
Document Nu	mber, if known	7/			
A copy of this resignatio	n was mailed to the a	bove listed limited liab	pility company at its last know	vn address.	
The agency is terminated	and the office disco	/ ntinued on the 31st day	after the date on which this s	statement is file	d.
5 7	4			_	
If signing on behalf of ar	antibus //	Signature of Resigning A	gent 12/7/09	. (=
it signing on benait of ar	renuty: 0			9	<u>≥</u>
		Horn, Esq.		09 DEC 11	SCF
	T	yped or Printed Name		33	ᄌ
	Registere	d Agent			ESE E
		Capacity		PH	300
				=	D.C.
				2: 10	22
				0	<u>=</u> m
	FILING \$ 85.00 \$ 25.00	Active limited liabil	ssolved/voluntarily dissolved	:1/	Z,

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