

L04VVVV85747

(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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09 OCT 14 PM 4:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 OCT 14 AM 9:04
DIVISION OF CORPORATIONS
SECRETARY OF STATE

B. KOHR

OCT 15 2009

EXAMINER



UCC FILING & SEARCH SERVICES, INC.
1574 Village Square Blvd Ste 100
Tallahassee, Florida 32309
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

183552
October 13, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Mortgage Assistance Company LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 14 AM 9:06

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
X	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

UCC Filing & Search Services, Inc

Name of Registered Agent

, hereby resigns as

Registered Agent for

Mortgage Assistance Company LLC

Mortgage Assistance Company LLC

Name of Limited Liability Company

L04000085747

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.

W. Edward Hand

Signature of Resigning Agent

If signing on behalf of an entity:

W. Edward Hand

Typed or Printed Name

President

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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