

Sep 17 08:33:32p

Division of Corporations

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02

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ABALLI, MILNE, KALIL & GARRIGO, P.A.
Account Number : 073123001732
Phone : (305) 373-6600
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION

CIMA MORTGAGE BANKERS L.L.C.

Certificate of Status	0
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9/19/08*

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

AMKE REGISTERED AGENTS, L.L.C., hereby resigns as
(Name of Registered Agent)

Registered Agent for CIMA MORTGAGE BANKERS L.L.C.

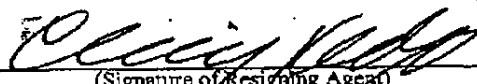
(Name of Limited Liability Company)

L05000050827

(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:

CRAIG P. KALIL

(Typed or Printed Name)

Manager

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA