

WBS000106542

(Requestor's Name)

(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:

Office Use Only



600074680066

05/18/06--01027--004 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 18 PM 2:28

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRINCIPAL ONE Mortgage, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe McSherry  
(Name of Person)

UNITY ONE  
(Firm/Company)

2701 N. Rocky Point #525  
(Address)

Tampa, FL 33607  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe McSherry at 813, 966-7780  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 18 PM 2:28

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Amy McSherry, hereby resign as Manager/Member  
(Title)  
of Principle one Mortgage, LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida  
and affirm that the limited liability company has been notified in writing of the resignation

Amy McSherry  
(Signature of resigning manager, managing member or member)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 18 PM 2:28

FILED

**FILING FEE IS \$25.00**

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