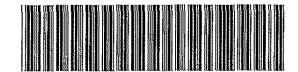
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MORTGAGE ALL-STARS LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Deborah L. Smith (Contact Person)
Mortgage All-Stars ARR S
2918 Jog Road FSTAT
Greenacres FL 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
Deborah C. Smith at (561) 433-3836 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as it appears on the records of the Florida Department	
of State is:	MORTGAGE ALL-STARS LLG	
2. This limited liab	elity company was organized under the laws of: OA OA FIGURE 174 POF SEEF, FI	٠
3. The Florida docu	iment/registration number of this limited liability company is to the second se	
LOGOC	00009571	_
4. I, Carlo	os Silver, hereby resign as a Manager Member (Print Title)	•
resignation in yri		
Signature of Resi	gning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	