

L06000014495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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RA
2-5-97
5/16/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Family Mortgage LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000014495

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:

Robert Wildman

(Name of Person)

American Family Mortgage LLC

(Name of Firm/Company)

6159 Deltona Blvd

(Address)

Spring hill, FL 34606

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Wildman

(Name of Person)

at (352) 592-9990

(Area Code & Daytime Telephone Number)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

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

Sandra Woods

(Name of Registered Agent)

, hereby resigns as

Registered Agent for American Family Mortgage LLC

(Name of Limited Liability Company)

L06000014495

(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:

Sandra L Woods

(Typed or Printed Name)

Robert L. Williams owner

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY -8 PM 12:21

FILED

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withdrawn limited liability company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

INHS17 (08/05)