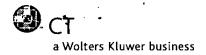
| (Requestor's Nan | ne) |
|---|----------------|
| (Address) | |
| (Address) | <u> </u> |
| (City/State/Zip/Ph | one #) |
| PICK-UP WAIT | MAIL |
| (Business Entity I | Name) |
| (Document Numb | er) |
| Certified Copies Certifica | ates of Status |
| Special Instructions to Filing Officer: | |
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Office Use Only



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October 14, 2009

RE: HAMMOCK CREEK GOLF CLUB, LLC STRONGHOLD SERVICING, LLC

(FL. DOM.) (VA. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is __1__ checks in the amount of \$50.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

| Pursuant to the provisi | ons of section 608.416(2) or 608.509, Florida | Statutes, the undersigned, | |
|-------------------------|---|--|------|
| C T CORPORATION | N SYSTEM | , hereby resigns as | |
| | (Name of Registered Agent) | , noted y rought at | |
| Registered Agent for _ | HAMMOCK CREEK GOLF CLUB, LLC | (FL. DOM.) | |
| | (Name of Limited Liability Company) | | |
| L07000070739 | | | |
| (Document Nu | mber, if known) | | |
| A copy of this resignat | ion was mailed to the above listed limited liab | bility company at its last known address. | |
| The agency is terminat | ed and the office discontinued on the 31st day (Signature of Resigning Agent) | y after the date on which this statement is filed. | 77 |
| If signing on behalf of | an entity: | 277 | Tre. |
| | C T CORPORATION SYSTEM - Theres | sa Alfieri |] |
| | (Typed or Printed Name) ASSISTANT SECRETARY | 5 | • |
| | (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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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