LD7000/10637

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Aflesign Thewis 6-2-09

COVER LETTER

510, 100				
SUBJECT: Stewart mortgage LLC Name of Limited Lability Company				
DOCUMENT NUMBER: 407000110637				
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:				
Panela J. Detore				
Name of Person				
Name of Firm/Company				
11928 Sheldon Load				
Address				
Tampa FC 33626 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Panela Detore at (813) 679-3290 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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



May 18, 2009

PAMELA J. DETORE 11928 SHELDON ROAD TAMPA, FL 33626

SUBJECT: STEWART MORTGAGE LLC

Ref. Number: L07000110637

We have received your document for STEWART MORTGAGE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 509A00016829

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. ROY 6327 Tallahassaa Florida 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		, Florida Statutes, the undersigned	d,
Transati	antic Title ne of Registered Agent	, hereby resigns as	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	- ·		700
Registered Agent for	tewart mort	tgage UC	- 55 TO TO
		0 -	两点至七
	Name of Limited Liability Co	ompany	20, 00
			9E 78
L0700011	0637		Dr.
Document Number	r, if known		•
A compact this manifestation and	ing and the discount of the control of the	.b. 10.100.	
A copy of this resignation w	as maned to the above listed iin	nited liability company at its last l	known address.
The agency is terminated an	d the office discontinued on the	31st day after the date on which	this statement is filed.
,	\setminus \setminus	· • •)
	Hand	J. P. Au-	
 -	Signature of Re	esigning Agent	
10 '. ' 1 1 10 0			
If signing on behalf of an en	" lanela J	Detore ransatlanticul	
	Typed or Printed N	Jame , , ,	ille
P_1	resident of T	ransatlantic	70 -
	Canacity	•	

85.00 Active limited liability company
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