L07000114167

| (Re | questor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



500291820085

11/04/16--01015--013 **25.00

FILED

SECRETARY OF STATE

SECRETARY OF STATE

D. SCOTT NOV 7 2016

COVER LETTER.

| SUBJECT: NOBLE MORTGAGE FIELD SERVICES, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Linda M Smith, Esq. (Contact Person) Law Offices of Linda M Smith (Firm/Company) 12955 Biscayne Blvd., Suite 302 (Address) Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$255 Filing Fee \$555 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 | TO: Registration Section Division of Corporations | | | |
|---|---|---------------------|------------------------------|--------------|
| The enclosed member, resignation or dissociation and fee(s) are submitted for filling. Please return all correspondence concerning this matter to: Linda M Smith, Esq. (Contact Person) Law Offices of Linda M Smith (Firm/Company) 12955 Biscayne Blvd., Suite 302 (Address) Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations | SUBJECT: NOBLE MORTGAGE FIE | ELD SERVICE | S, LLC | |
| Please return all correspondence concerning this matter to: Linda M Smith, Esq. (Contact Person) Law Offices of Linda M Smith (Firm/Company) 12955 Biscayne Blvd., Suite 302 (Address) Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations | (Name of L | imited Liability Co | mpany) | |
| Linda M Smith, Esq. (Contact Person) Law Offices of Linda M Smith (Firm/Company) 12955 Biscayne Blvd., Suite 302 (Address) Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations | The enclosed member, resignation or disso | ciation and fee(| s) are submitted for filing. | |
| Law Offices of Linda M Smith (Firm/Company) 12955 Biscayne Blvd., Suite 302 (Address) Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee MAILING ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations | Please return all correspondence concerning | g this matter to: | : | |
| Law Offices of Linda M Smith (Firm/Company) 12955 Biscayne Blvd., Suite 302 (Address) Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations | Linda M Smith, Esq. | | | |
| (Firm/Company) 12955 Biscayne Blvd., Suite 302 (Address) Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee MAILING ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations | (Contact Person) | | _ | |
| Address) Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Address A | Law Offices of Linda M Sm | ith | | |
| Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations | (Firm/Company) | | _ | |
| Miami FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations | 12955 Biscayne Blvd., Suite 3 | 302 | | |
| For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations | (Address) | | - | ESS 6 |
| For further information concerning this matter, please call: Linda M Smith (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations | Miami FL 33181 | | | 经型 |
| Linda M Smith (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations | (City/State and Zip Code) | | _ | 100mm 1 10mm |
| at (| For further information concerning this ma | itter, please call | : | Fig. 72.51 |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations | Linda M Smith | | 899-1415 | on to |
| ■ \$25 Filing Fee | (Name of Contact Person) | | e & Daytime Telephone Num | nber) |
| Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations | • | | - | |
| Division of Corporations Division of Corporations | | | MAILING ADDRESS: | |
| · | - | | - | |
| Clifton Building P.O. Box 6327 | • | | | , |
| 2661 Executive Center Circle Tallahassee, Florida 32314 | | | | 14 |

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the | limited liability company as | it appears on the records of the Florida Department |
|--|--|---|
| of State is: NC | BLE MORTGAGE FIELD | SERVICES, LLC |
| 2. The Florida doci | - | ssigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/res | igned or will withdraw/resign is: |
| 4. I, KRISTEN NAUMKO (Print Name of Person Resigning) | | , hereby withdraw/resign as a |
| MANAGER/N | MEMBER | |
| | (Print Title) | |
| of this limited lia resignation in wr | • • | e limited liability company has been notified of my |
| to | ek | SECRI SECRI |
| Signature of D | issociating Member or Resig | ning Manager |
| _ | \$25.00 (Required) \$30.00 (Optional) | PF STATE F, FLORID E, FLORID |