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(Re	equestor's Name)				
(Ac	ldress)				
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(Cit	ty/State/Zip/Phone #	E)			
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☐ PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Name	<del>)</del>			
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Certified Copies	rtified Copies Certificates of Status				
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Special Instructions to	Filing Officer:				
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Office Use Only



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J. BRYAN

AUG 1 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Floride Mortgege (Name of Limited I	Servicing Solutions LLC Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Crail Calhoun (Contact Person)	
floride Mortgage Servicing (Firm/Company)	Solutions 8
1507 S. Alexander St. St. (Address)	103 PH 12: 20
Plant City FL 3350 (City/State and Zip Code)	<u>63</u>
For further information concerning this matter, p	please call:
(Name of Contact Person)	(813) 747-1128 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company	• •			-
	lity company was organiz		of:		
3. The Florida docu 	ment/registration number	of this limited liab	oility compan	y is:	
	m Davis  ame of Person Resigning)  polity company and affirm ting.				
Signature of Resi	gning Member, Managing	Member or Mana	ger		DIVISION OF CO
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				ARY OF ORATION OF THE PROPERTY