L08000093857

Florida Department of State
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Account Number : 071005001001
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LLC REGISTERED AGENT RESIGNATION
FLORIDA FORECLOSURE ATTORNEYS, PLLC

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA FORECLOSURE ATTORNEYS, PLLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000093857

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:

EMIL C. MARQUARDT, JR.
Name of Person

MACFARLANE FERGUSON & MCMULLEN
Name of Firm/Company

625 COURT ST., STE. 200
Address

CLEARWATER, FL 33756
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Emil C. Marquardt, Jr. at (727) 441-8966
Name of Person *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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

EMIL C. MARQUARDT, JR., hereby resigns as
Name of Registered Agent

Registered Agent for FLORIDA FORECLOSURE ATTORNEYS, PLLC

Name of Limited Liability Company

L08000093857
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:

EMIL C. MARQUARDT, JR.
Typed or Printed Name

As Registered Agent
Capacity

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TALLAHASSEE, FLORIDA

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)