

L 08000108004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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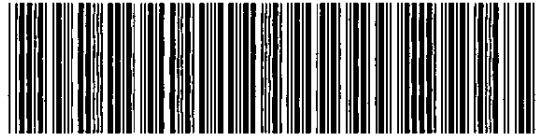
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL ARIZONA

PA Resign.

D. CORNELI JAN 14 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOAN Modification Team L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L08000108004

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:

JAMES E. STOUT JR.
Name of Person

LOAN Modification Team L.L.C.
Name of Firm/Company

1881 NE 20 ST #60
Address

Wilton Manors FL 33305
City/State and Zip Code

JSTOUT210@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES STOUT at (954) 993-6150
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

James E. STOUT Jr., hereby resigns as
Name of Registered Agent

Registered Agent for LOAN MODIFICATION TEAM L.L.C.
Name of Limited Liability Company

LO8000108004
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]
Signature of Resigning Agent

If signing on behalf of an entity:

JAMES E. STOUT Jr.
Typed or Printed Name
MGRM
Capacity

FILED
10 JAN 11 AM 9:00
SECRETARY OF STATE
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