

20800011449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

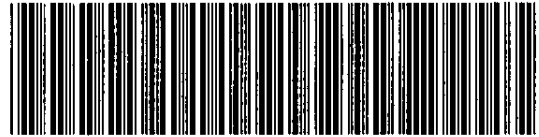
(Business Entity Name)

(Document Number)

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01/28/10--01021--009 \*\*85.00

**FILED**  
**Jan 28, 2010 08:00 AM**  
**Secretary of State**

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**CQVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MORTGAGE RELIEF AMERICA LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000111449

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:

DENNY R. HUGHES  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

2550 N. FEDERAL HWY SUITE 19  
Address

FORT LAUDERDALE FL 33305  
City/State and Zip Code

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

For further information concerning this matter, please call:

DENNY R. HUGHES at ( 954 ) 707-9321  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

PAUL M. VOLMERT

Name of Registered Agent

, hereby resigns as

Registered Agent for

MORTGAGE RELIEF AMERICA LLC

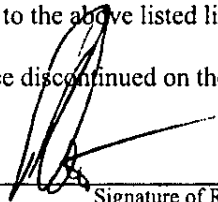
Name of Limited Liability Company

L08000111449

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:

Typed or Printed Name

Capacity

**FILED**  
**Jan 28, 2010 08:00 AM**  
**Secretary of State**

**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