

LO9 0000 11260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

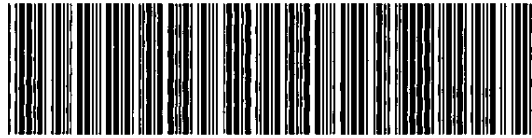
(Business Entity Name)

(Document Number)

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T. CLINE
FEB 17 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FHA LOAN MODIFICATION, L.L.C.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT DOLAN
(Contact Person)

(Firm/Company)

20900 N.E. 30TH AVE. 8TH FLOOR
(Address)

AVENTURA, FL. 33180
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2010 FEB 16 PM 12:09

For further information concerning this matter, please call:

ROBERT DOLAN at (786) 234 2913
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

DATE 1/4/2009

DOCUMENT # L09000011260

NAME FHA LOAN MODIFICATION, L.L.C.

ADDRESS 1625 JFK CAUSEWAY PH #3
NORTH BAY VILLAGE, FL. 33139

ATTENTION SECRETARY OF STATE OFFICE

PLEASE DELETE ME IN YOUR RECORDS AS I AM NOT ASSOCIATED WITH THIS CORPORATION.

THANK YOU,

ROBERT L. DOLAN

Robert L. Dolan
1-786-234-2913

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17057



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FHA LOAN MODIFICATION, L.L.C.

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
LO9000011260

4. I, ROBERT LEAHY DOLAN, hereby resign as a MEMBER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Robert W. Dolan

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2010 FEB 16 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FL