

L09000077274

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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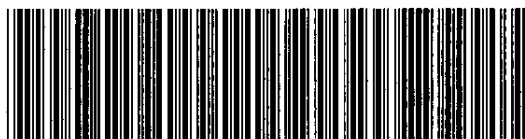
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*MG 2/3*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOAN MODIFICATION SPECIALISTS OF AMERICA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000077274

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:

MIKE LINDE  
Name of Person

Name of Firm/Company

1108 KANE CONCOURSE #214  
Address

BAY HARBOR ISLANDS, FL 33154  
City/State and Zip Code

MIKELINDE53@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE LINDE at ( 305 ) 244-1807  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JEANETTE WASERSTEIN

Name of Registered Agent

, hereby resigns as

Registered Agent for LOAN MODIFICATION SPECIALISTS OF AMERICA, LLC

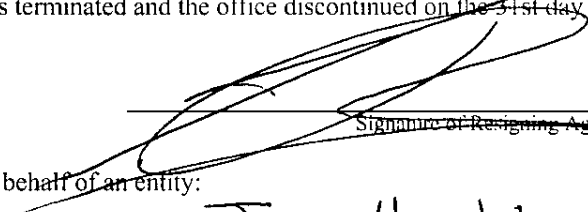
Name of Limited Liability Company

L09000077274

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:

Jeanette Waserstein

Typed or Printed Name

Capacity

FILED  
10 FEB 15 PM 1:31  
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