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TO:

COVER LETTER

Registration Section Division of Corporations Cornerstone Home Mortgage, LLC Name of Limited Liability Company DOCUMENT NUMBER: L09000099578

The enclosed Resignation of Registered Agent for	r a Limited	Liability Company and fee	e are subn	nitted
for filing.				
Please return all correspondence concerning this r	natter to the	e following:		
Anne Herstol				
Name of Person				
Prince CPA Group				
Name of Firm/Company				
9161 Narcoossee Road Ste 202				
Address				
Orlando, FL 32827		TÄLL	SECRET	
City/State and Zip Code		Ä	in a	-11
aherstol@princecpagroup.com		IA55	1 2!	
E-mail address: (to be used for future annual report no	otification)	į	ا الم	
For further information concerning this matter, ple	ease call:			
Anne Herstol	407)	823-8230) T
Name of Person	Area Code	Daytime Telephone Numbe	r	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Division to the average and a continuous of the continuous of the

Pursuant to the provisions of section 603.011	5, Florida Statutes, the undersigned	٦,
Keith Buescher	. hereb	by resigns as
Name of Registered Age	ent	,
Registered Agent for Cornerstone Home	e Mortgage, LLC	
Name of Lin	nited Liability Company	,
L09000099578		
Document Number, if known		
A copy of this resignation was mailed to the	above listed limited liability compa	iny at its last known address.
The agency is terminated and the office disco	ontinued on the 31st day after the da	ate on which this statement is filed.
If signing on behalf of an entity:	Signature of Resigning Agent	2016 NOV 21 SECRETARY TALLAHASSI
<u>heith 1</u>	Gueschea Typed or Printed Name	P # 07

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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