

LB9000119565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

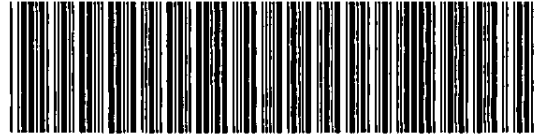
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT -5 AM 11:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT - 8 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNITED MORTGAGE FIELD SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000119565

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:

Kim Stanfield
Name of Person

The Hogan Law Firm
Name of Firm/Company

20 So. Broad Street
Address

Brooksville, FL 34601
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Stanfield at (352) 799-8423
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

THE HOGAN LAW FIRM, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for UNITED MORTGAGE FIELD SERVICES, LLC

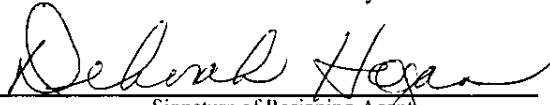
Name of Limited Liability Company

L09000119565

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:

Deborah Hogan, Esq.

Typed or Printed Name

Manager

Capacity

FILED
12 OCT -5 AM 11:59
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