

M 000000002380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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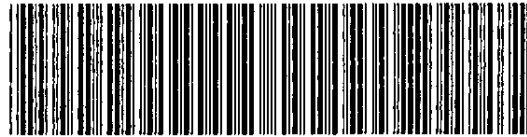
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Tlews  
3-1-11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MORTGAGE SYSTEMS INTERNATIONAL LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: MO0000002380

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:

STEPHEN WARD  
Name of Person

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

2466 SAN PIETRO CIRCLE  
Address

PALM BEACH GARDENS, FL 33410  
City/State and Zip Code

SW33418@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN WARD at ( 408 ) 348 7485  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

STEPHEN WARD

Name of Registered Agent

, hereby resigns as

Registered Agent for MORTGAGE SYSTEMS INTERNATIONAL LLC

Name of Limited Liability Company

M00000002380

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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