M02000000656

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
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SECRETARY OF STATE
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SECRETARY OF CORPORATIONS
SECRETARY OF STATE
SECRET



J. BRYAN
DEC 3 1 2008

EXAMINER

COVER LETTER

SUBJECT: HOMELINK MORTGAGE, LLC		
(Name of Limited Liability Company)		
DOCUMENT NUMBER: M020000006		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	submit	ted
Please return all correspondence concerning this matter to the following:		
BARBARA BURKERT		
(Name of Person)		
INCORPORATING SERVICES, LTD. (Name of Firm/Company)	<u>ي</u>	12: 41 ()
3500 S. DUPONT HWY (Address)	08 DEC 30	SION OF
(Address)		825
DOVER, DE 19901 (City/State and Zip Code)	PM 4: 00	RP STA
For further information concerning this matter, please call:	8	SKOLL
BARBARA BURKERT at (302) 531.0855 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section
Division of Corporations

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2008

BARBARA BURKERT INCORPORATION SERVICES, LTD. 3500 S. DUPONT HWY DOVER, DE 19901

SUBJECT: HOMELINK MORTGAGE LLC

Ref. Number: M02000000656

We have received your document for HOMELINK MORTGAGE LLC and your check(s) totaling \$15.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$10.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 008A00060537

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

D	The fact of the fa
Pursuant to the provisions of section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,
INCORPORATING SERVICES, LTD.	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for HOMELINK MORTGAGE LLC	orida Statutes, the undersigned, , hereby resigns as
(Name of Limited Liability Comp	any)
M02000006	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited	d liability company at its last known address.
The agency is terminated and the office discontinues on the 31st Continues on the 31st C	vellaa
If signing on behalf of an entity:	
CANDICE B. SWETLAND	
(Typed or Printed Nam	ne)
ASSISTANT SECRETARY	
(Canacity)	

\$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314