

# M02000002335

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
MORTGAGE SOURCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

18 OCT -6 AM 7:45

FILED

18 OCT -5 PM 11:39

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OCT -8 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MORTGAGE SOURCE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M02000002335

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:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES,

Name of Firm/Company

16 COURT ST 14TH FLOOR

Address

BROOKLYN, NY 11241

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEE COTTON at ( 800 ) 221-2972 X1550  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**, hereby resigns as

Name of Registered Agent

Registered Agent for **MORTGAGE SOURCE LLC**

Name of Limited Liability Company

**M02000002335**

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:

**ZEINA HASSOUN**

Typed or Printed Name

**ASSISTANT SECRETARY**

Capacity

**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**

**FILED**  
**18 OCT - 6 AM 11:49**  
**TALLAHASSEE, FLORIDA**