M03000003472

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

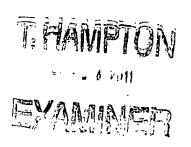
Office Use Only



800210829068

08/11/11--01020--006 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION





111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590-9180 fax www.ctlegalsolutions.com

August 2, 2011

RE: OLD CORNERSTONE FINANCIAL, LLC (MO. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$25.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

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

rursuant to the provisi	ions of section 608.416(2) or 608	.509, Florida Statutes, the u	ndersigned,
C T CORPORATIO	N SYSTEM	, hereby r	esigns as
	(Name of Registered Agent)	,,	
Registered Agent for	OLD CORNERSTONE FINAL	NCIAL, LLC (MO. DOM.)
	(Name of Limited Liabil	ity Company)	
M03000003672			
(Document Nu	ımber, if known)		
	tion was mailed to the above liste		
The agency is termina	(Signature of Re	2	-
If signing on behalf of	an entity:		
	C T CORPORATION SYST	ΓEM - Theresa Alfieri	
	(Typed or Pri	•	_

FILING FEES:

(Capacity)

\$ 85.00 \$ 25.00 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withdrawn limited liability company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