

M04000003696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE



SUN MORTGAGE LENDING

February 11, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Financial Services
Department of Banking and Finance
200 East Gaines Street
Tallahassee, FL 32399

Re: Resignation as Registered Agent

To Whom It May Concern:

As of February 4, 2005, I have resigned as Registered Agent in the State of Florida for:

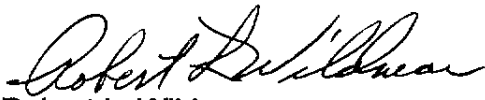
First National Mortgage, LLC
d/b/a Sun Mortgage Lending, LLC.
1910 St. Joe Center Road, Suite 61
Fort Wayne, IN 46825

Please enter this information in your files and confirm with me that you have so noted. I am now affiliated with Family First Mortgage Corp. at the following address:

Robert L. Wildman
Family First Mortgage Corp.
6159 Deltona Blvd.
Spring Hill, FL 34606

Thank you for your assistance in this matter.

Sincerely,



Robert L. Wildman



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 16, 2005

ROBERT L. WILDMAN
FAMILY FIRST MORTGAGE CORP.
6159 DELTONA BLVD.
SPRING HILL, FL 34606

SUBJECT: SUN MORTGAGE LENDING, LLC
Ref. Number: M04000003696

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 905A00011010

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,

Robert L Wildman, hereby resigns as
(Name of Registered Agent)

Registered Agent for First National Mortgage LLC dba
Sun Mortgage Lending LLC
(Name of Limited Liability Company)

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.

Robert L Wildman
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or printed name)

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

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