

Division of Corporations

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**M05000004133**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : PERLMAN YEVOLI AND ALBRIGHT PL  
Account Number : I20040000167  
Phone : (954) 566-7117  
Fax Number : (954) 566-7115

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**REGISTERED AGENT RESIGNATION****TOTAL MORTGAGE PROTECTION, LLC**

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## 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,

Perlman, Yevoli & Albright, P.L.

, hereby resigns as

(Name of Registered Agent)

Registered Agent for Total Mortgage Protection, LLC

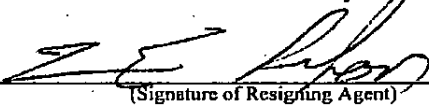
(Name of Limited Liability Company)

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(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:

Jason E. Perlman, Esq.

(Typed or Printed Name)

MGMR

(Capacity)

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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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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