From:

Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972

: (888)692-9256 Fax Number

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 AVP MORTGAGE SOLUTIONS LLC

| Certificate of Status | 0 |
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Corporate Filing Menu

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NOV 11 2011

TO:

COVER LETTER

| SUBJECT: AVP MORTGAGE SOLUTIONS LLC | | | | |
|--|--|--|--|--|
| Name of Limited Liability Company | | | | |
| DOCUMENT NUMBER: M05000004532 | | | | |
| 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: | | | | |
| Carol Panchana | | | | |
| Name of Person | | | | |
| BlumbergExcelsior Corporate Services Inc. | | | | |
| Name of Firm/Company | | | | |
| 16 Court St 14th FL | | | | |
| 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: | | | | |
| at (| | | | |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions | of section 605.0115, Florida Statutes, the undersigned, | |
|------------------------------|---|-------------------------------------|
| BLUMBERGEXCELS | SIOR CORPORATE SERVICES, INC. hereby | resigns as |
| N | ame of Registered Agent | resigns as |
| Registered Agent for AVI | P MORTGAGE SOLUTIONS LLC | |
| <u></u> | Name of Limited Liability Company | , |
| M05000004532 | | |
| Document Numb | per, if known | |
| A copy of this resignation | was mailed to the above listed limited liability compan | y at its last known address. |
| The agency is terminated a | and the office discontinued on the 31st day after the dat | e on which this statement is filed. |
| - | Signature of Resigning Agent | |
| If signing on behalf of an e | entity: | |
| _ | Jose Mojica | |
| _ | Typed or Printed Name | |
| | Assistant Secretary | _ |
| | Capacity | ႏိုင္ငံ |

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