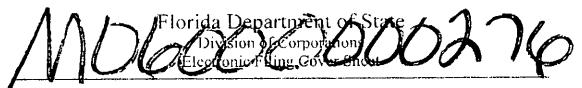
Division of Corporations



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LLC REGISTERED AGENT RESIGNATION HOME SERVICING, LLC

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HOME SERVICING	, LLC Name of Limited Liabi		
DOCUMENT NUMBER: M060		inty Company	
The enclosed Resignation of Registor filing.	stered Agent for a Limi	ited Liability Company and fee are submitted	d
Please return all correspondence c	oncerning this matter t	to the following:	
Helen Mac-Tran			
Name of Per	son		
C T CORPORATION SYSTEM	1		
Name of Firm/C	ompany		
111 8th Avenue, 13th Floor			
Address		 .	
New York, New York 10011			
City/State and Z	ip Code		
Helen.Mac-Tran@Wolterskluw		. 124	
E-mail address: (to be used for futu	ire annual report notification	on) 75	
For further information concerning	g this matter, please ca	all:	
Helen Mac-Tran	212	590-9118 Code Daytime Telephone Number	
Name of Person	Area C	Code Daytime Telephone Number	
Enclosed is a check made payable liability company or \$25.00 for an liability company.	e to the Florida Departi n administratively disso	ment of State for \$85.00 for an active limited olved, voluntarily dissolved or withdrawn limited and the state of the stat	d mited
MAILING ADDRESS:	•	REET ADDRESS:	
Registration Section	gistration Section vision of Corporations		
Division of Corporations P.O. Box 6327		vision of Corporations ifton Building	
Tallahassee, FL 32314	266	61 Executive Center Circle	
	Tal	llahassee, FL 32301	

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the un-	dersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	· 9
	Name of Registered Agent		. D
Registered Agent for	HOME SERVICING, LLC		
	Name of Limited Liability Company		عب `— ء
M06000000276	~		(
Document I	Number, if known		
• •	tion was mailed to the above listed limited liabilited and the office discontinued on the 31st day a	fter the date on which this statemen	
If signing on behalf of			
	C T Corporation System - Helen Mad	c-Tran	
	Typed or Printed Name		
	Assistant Secretary		
	Capacity		

\$ 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

INHS17 (2/14)