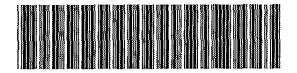
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MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy ☐ Will wait Mail out Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OSMON 28 PA 1: OF STATE

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER'S FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of to of State is:	he limited liability company as	it appears on the records of Mortga	of the Florida Department GC, LLC.
2. This limited li	iability company was organized	i under the laws of:	
DEL	AWARE	•	
	ocument/registration number of	f this limited liability com	pany is:
4. I, DA /	BERTO RODP-16UE 2 11 Name of Person Resigning)	hereby resign as a	MGR. (Print Title)
of this limited resignation in	liability company and affirm th writing.	ne limited liability compan	y has been notified of my
72	dune	• 	-
Signature of R	esigning Member Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)