M06000053

(Requestor's Name)	
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(City/State/Zip/Phone #)	;
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(Business Entity Name)	03/19/0701036002 **55.00
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MAR 20 2007

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: WJV Home Loans LLC		
	(Name of Limi	ted Liability Co	mpany)
The enfilling.	nclosed member, managing member or	manager resi	gnation and fee(s) are submitted fo
Please	e return all correspondence concerning	his matter to	: •
Anth	nony J. DiPaula		,
	(Contact Person)		
DiPa	aula & Sullivan, LLC		
	(Firm/Company)		_
34 S	S. Main St.		
•,	(Address)		-
•	Air, MD 21014		
	(City/State and Zip Code)		
For fu	orther information concerning this matte	r, please call	:
Anth	nony J. DiPaula	at (410	893-4255
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclo	sed please find a check made payable to	the Florida	Department of State for:
	\$25 Filing Fee		\$55 Filing Fee &
	_		Certified Copy
STRE	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle nassee, Florida 32301		Tallahassee, Florida 32314
ı allal	iassee, i iuliua JZJVI		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER EDOM EL ODIDA OD ECONOCIONALIZATION FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it a	ppears on the records of the Florida Department
2. This limited liab Maryland	ility company was organized und	der the laws of:
3. The Florida doc	ument/registration number of this 5379	s limited liability company is:
4. I, Marie Vas	salotti Tame of Person Resigning)	_, hereby resign as amember / managing member
•	bility company and affirm the lir	(Print Title) nited liability company has been notified of my
Maure of Res	Vassalo La igning Member, Managing Mem	ber or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	