M0700001208

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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08 MAY 28 PM 1: 20 SECRETARY OF STATE TALLAMASSEE, FLORIBA

RAPROGRAMON



CT
711 Eighth Avenue
New York, NY 10011

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 16, 2008

RE: CASELON MORTGAGE, LLC. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$85.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

· RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 608.416(2) or 608.509, Florida	a Statutes, the undersigned,	
C T CORPORATION	SYSTEM	, hereby resigns as	
	(Name of Registered Agent)	,,,,	
Registered Agent for	CASELON MORTGAGE, LLC. (DE	. DOM.)	-
	(Name of Limited Liability Company)		.5
M0700000120	8		
(Document Num	ber, if known)		
	on was mailed to the above listed limited lia d and the office discontinued on the 31st da		
The agency is terminate	(Signature/of Resigning Agent)		
If signing on behalf of a	n entity:		8 MAY 28
	C T CORPORATION SYSTEM - There	esa Alfieri	72
	(Typed or Printed Name) ASSISTANT SECRETAR	Y	28 PH
	(Capacity)		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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