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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SE

Account Number : 075350000353 Phone

: (212)431-5000

Fax Number

: (212)431-1441

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT RESIGNATION ELYSIAN MORTGAGE, L.L.C.

Certificate of Status	0
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C. LEWIS MAY 1 3 2011

**EXAMINER** 

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ELYSIAN MORTGAGE, L.L.C.
(Name of Limited Liability Company)

DOCUMENT NUMBER: M09000000062

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:

Stephanie Wright

(Name of Person)

Blumberg Excelsior Corporate Services, Inc.

(Name of Firm/Company)

62 White Street

(Address)

New York, NY 10013

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Wright

\_\_\_ 212

431-5000 ext 552

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Plorida 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Galnes Street Tallahassee, FL 32399

INR\$17(11/02)

J.

Fax: 888-692-9256

2011 MAY 12 AM 9: 29

SECRETARY DESTATE: RESIGNATION OF REGISTERED AGENT FOR A LI LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the BlumbergExcelsior Corporate Services, Inc., hereby	undersigned,
(Name of Registered Agent)	y resigns as
Registered Agent for ELYSIAN MORTGAGE, L.L.C.	
(Name of Limited Liability Company)	
M0900000062	
(Document Number, If known)	
A copy of this resignation was mailed to the above listed limited liability compar	ny at its last known address,
The agency is terminated and the office discontinued on the 31st day after the da  (Signature of Resigning Agent)	te on which this statement is filed.
If signing on behalf of an entity:  Marc D. Moel	•
Asst. Secretary	:
(Capacity)	1
	•

Active limited liability company
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