m/00000038

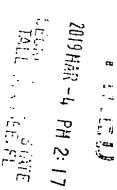
(Requestor's Name)
(Address)
(Address)
(0) (0) (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

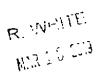
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

REVERSE MORTGAGE DIRECT, LLC SUBJECT:		
Name of Limited Liability Company		
DOCUMENT NUMBER: M10000000389		
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:		
Krystal Beckner		
Name of Person		
COGENCY GLOBAL INC. Name of Firm/Company		
850 New Burton Rd., Suite 201 Address		
Dover, DE 19904 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Invoices Team at (866) 621-3524 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited.		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

liability company.

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, the undersigned,
COGENCY GLOBAL, INC.	hereby resigns as
Name of Registered Ag	gent
Registered Agent for REVERSE MORT	GAGE DIRECT, LLC
Name of L	imited Liability Company
M1000000389	
Document Number, if known	
A copy of this resignation was mailed to the	above listed limited liability company at its last known address.
•	continued on the 31st day after the date on which this statement is filed
	Signature of Resigning Agent
If signing on behalf of an entity:	
Krystal Beckn	ner
	Typed or Printed Name etary, COGENCY GLOBAL INC.
	Capacity
FILING \$ 85.00 \$ 25.00	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314