

M 10000002785

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

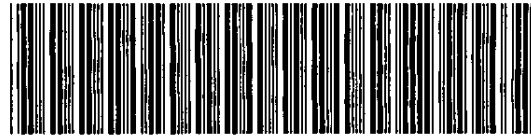
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEC-3 5:11:47  
FBI



November 22, 2013

RE: **AMERITRUST MORTGAGE COMPANY, LLC**  
**LAZARUS ENERGY HOLDINGS LLC**

(NC. DOM.)  
(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 corporation. Also enclosed is 1 check in the amount of \$50.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

**NRAI SERVICES, INC.**

*Theresa Alfieri*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary  
(212)894-8516

TA/hm  
Enclosure

DEC-3 AM 11:47  
NRAI SERVICES, INC.

National Registered Agents, Inc.

111 Eighth Avenue 13th Floor New York, NY 10011

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

NRAI SERVICES, INC., hereby resigns as  
(Name of Registered Agent)

Registered Agent for AMERITRUST MORTGAGE COMPANY, LLC (NC. DOM.)

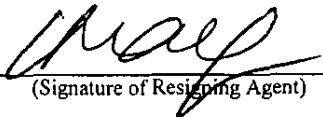
\_\_\_\_\_  
(Name of Limited Liability Company)

M01000002785

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

NRAI SERVICES, INC. - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(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**