Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL **EL-SNPR REO HOLDINGS, LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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COVER LETTER

| TO: Registration Division of | Section Corporations | | |
|--|---|---------------------------------------|---|
| SUBJECT: EL SNI | PR REO Holdings LLC (Name of For | eign Limited Liability (| Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdra | awal and fee(s) are submitted | d for filing. | |
| Please return all corre | espondence concerning this | matter to the following | : |
| Rachel Belinsky | | | |
| | (Name of Person) | | |
| EL SNPR REO Hole | dings LLC | | |
| | (Firm/Company) | | |
| 8000 IH 10 West, St | uite 1200 | | |
| | (Address) | | • |
| San Antonio, TX 78 | 230 | | |
| | (City/State and Zip Cod | e) | • |
| For further information | on concerning this matter, p | lease call: | |
| Rachel Belinsky | | 210 at (| 798-8114 |
| (Na | ame of Person) | | Daytime Telephone Number) |
| Registration Division of Clifton Buil 2661 Execu Tallahassee | Corporations ding tive Center Circle , Florida 32301 | Regist Divisi P.O. E Tallah | LING ADDRESS: retion Section on of Corporations Box 6327 assee, Florida 32314 |
| | for the following amount: | | |
| □ \$25 Filing Fee | □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| EL SNPR REO Holdings LLC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| 4/18/2011 |
| (Date registered with Florida Department of State) |
| M11000001971 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| Nill 1-7/h. |
| (Signature of authorized representative) |
| Michael J. Lynd Jr. |
| (Typed or printed name of signee) |

Filing Fee: \$25.00