Division of Corporations **Electronic Filing Cover Sheet** 

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(((H14000232469 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

WENDY, HEFLET & INCORP. COM

LLC REGISTERED AGENT RESIGNATION **OUALITY MORTGAGE SERVICES, LLC** 

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10/3/2014

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: QUALITY MORTGAGE SE			
	f Limited Liability Company		
DOCUMENT NUMBER: M11000003	430		
	gent for a Limited Liability Company and fee are submitted		
Please return all correspondence concernin	g this matter to the following:		
Wendy Hefley			
Name of Person	<del></del>		
Incorp Services, Inc.			
Name of Firm/Company			
2360 Corporate Circle, Suite 400			
Address			
Henderson, NV 89074			
City/State and Zip Code			
processing@incorp.com			
E-mail address: (to be used for future annual a	report notification)		
For further information concerning this ma	atter, please call:		
Incorp Services, Inc./Wendy Hefley	702 866-2500 ext 6601		
Name of Person	at ( Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Fl liability company or \$25.00 for an adminis liability company.	lorida Department of State for \$85.00 for an active limited tratively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	ection 605,011:	5, Florida Statutes, the undersign	ned,	
Incorp Services, Inc.		. he	reby resigns as	
Name	of Registered Ager		.40) .40.8.8	
Registered Agent for QUALI	TY MORTG/	AGE SERVICES, LLC		
	Nume of Lim	ited Liability Company		· · · · · ·
M11000003430				
Document Number, i	f knowa	<del></del>		
		bove listed limited liability com		
	Was	Signature of Resigning Agent		
If signing on behalf of an entit	•			
Wer		r Incorp Services, Inc.		
	*	yped or Printed Name		
Autr	orized Repr			<del></del>
·	FILING \$ 85.00 \$ 25.00	Capacity  FEES:  Active limited liability comp  Administratively dissolved/v  withdrawn limited liability c	any /oluntarily dissolved/ ompany	FILED  14 OCT -3 PM 7: 12  SECRETARY OF STATE ALLAHASSEE, FLORID

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