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	Division of Corporations		
	Fax Number	: (850)617-6383	EC EC
om:			N N
	Account Name	: C T CORPORATION SYSTEM	
	Account Number	: FCA00000023	
	Phone	: (614)280-3338	AM
	Fax Number	: (954)208-0845	
			56
nter '	the email addre	is for this business entity to be us	ed for future –
ann	ual report mail	ings. Enter only one email address p	please.**

Email Address:

 LLC REGISTERED AGENT RESIGNATION CARNEGIE MORTGAGE, LLC

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ASSEE TI OR

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

_ , hereby resigns as

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

Nume of Registered Agent

Registered Agent for Carnegie Mortgage LLC

Name of Limited Liability Company

M11000005357

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:

C T Corporation System - Kate Seidita

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

- 85.00
- Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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

INH\$17 (2/14)