

M14000001506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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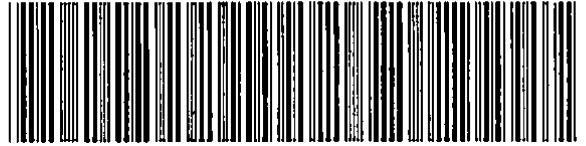
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

K. SALY
AUG 22 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 08/21/2019

Name: Joy Weaver

Reference #: 1121010

Entity Name: SOUTHERN TRUST MORTGAGE, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other RESOLUTION TO WITHDRAW ALTERNATE NAME

Authorized Amount: \$ 25.00

Signature: Joy Weaver

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN: ENGLAND & WALES,
REGISTRY #831072
6 LLOYDS AVE., UNIT 4CL
LONDON EC3N 3JX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Trust Mortgage, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: _____

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald M. Gates, Esq.

(Name of Contact Person)

Wolcott Rivers Gates

(Firm/Company)

200 Bendix Road, Suite 300

(Address)

Virginia Beach, VA 23452

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald M. Gates

(Name of Contact Person)

at (757) 470-5564
(Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

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

Street Address:

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

RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES

FILED
AUG 21 AM 7:40
STATE OF FLORIDA

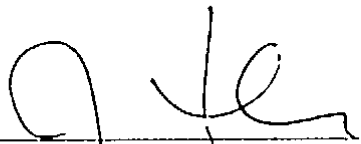
I, the undersigned, do hereby certify that I am the Authorized Person of
Southern Trust Mortgage, LLC
_____, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of Virginia
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112,
Florida Statutes, the limited liability company hereby renounces the following
alternate name in the state of Florida:

Southern Residential Lending, LLC

(Alternate Name Renounced in State of Florida)



Signature of Authorized Person

8/20/2019

Date

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