

1/16/24, 7:29 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Fax Number : (614)573-3996

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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
FAIR SERVICING, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$85.00 |

2024 JAN 16 PM 3:13  
109

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T. LEMIEUX

JAN 17 2024

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

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

C.T. CORPORATION SYSTEM

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for FAIR SERVICING, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M18000002581

\_\_\_\_\_  
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.

*Nancy Helm-Brown*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

\_\_\_\_\_  
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withdrawn limited liability company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