# M19000002276

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2029 MAY -9 PM 3: 55
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### **COVER LETTER**

SUBJECT: EQUITY HOME MORTGAGE LLC Name of Limited Liability Company DOCUMENT NUMBER: M19000002276 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vanessa Flanagan Name of Person PARACORP INCORPORATED Name of Firm/Company 2804 Gateway Oaks Dr #100 Address Sacramento, CA 95833 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vanessa Flanagan Name of Person Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

liability company.

**TO:** Registration Section

Division of Corporations

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

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

Pursuant to the provisi	ons of section 605.011	5. Florida Statutes, the unde	rsigned,			
PARACORP INCORPORATED			_ , hereby resigns as			
Registered Agent for _	EQUITY HOME MO	ORTGAGE LLC				
	Name of Lin	nited Liability Company			•	
M19000002276						
Document 8	Sumber, if known					
A copy of this resignat	ion was mailed to the a	above listed limited liability	company at its last	known ac	ddress.	
The agency is terminat	ed and the office disco	ontinued on the 31st day afte	r the date on which	this state	ment is	filed.
	(	Signature of Resigning Agent	<del> </del>			
If signing on behalf of	an entity:					
	Abigale Peterso		<b>T</b> .	2		
	T	yped or Printed Name			2023 MAY	
	Asst. Secretary	for Paracorp Incorpora	ted	A A	¥	-11
		Capacity		ASS	9	1
				EE.		
	FILING \$ 85.00	FEES: Active limited liability co	ompany	STATI FLORIC	PM 3: 55	O
	\$ 25.00	Administratively dissolve withdrawn limited liabili	ed/voluntarily disso ity company	olve <b>jt</b> irii	G	

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