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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name · : UNITED CORPORATE SERVICES, INC.

Account Number : I20140000108 Phone : (914)949-9188 Fax Number : (914)949-9618

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

Email Address:___

LLC REGISTERED AGENT RESIGNATION US HOME AG TERM S3 PLEDGOR, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations		
SHRI	US HOME AG TERM S3 PLEDGOR, I	TC	
GCDG	Name of Li	imited Liability	Company
DOC	UMENT NUMBER: M20000003464		
The e for fil	nclosed Resignation of Registered Agen ing.	t for a Limited	Liability Company and fee are submitted
Please	e return all correspondence concerning the	nis matter to th	e following:
Nina T	arowsky		
	Name of Person		
United	Corporate Services, Inc.		
	Name of Firm/Company		
10 Ba	ak St. Ste. 560		
	Address		
White	Plains, NY 10606		
	City/State and Zip Code		
	-mail address: (to be used for future annual repo	ort notification)	
For fi	orther information concerning this matte	r, please call:	
Nina 7	arowsky Name of Person	914 at (949-9188
	Name of Person	Area Code	Daytime Telephone Number
liabil	sed is a check made payable to the Flori ity company or \$25.00 for an administra id liability company.	ida Departmen tively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn

Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section	n 605.0115,	Florida Statutes, the undersigned,		
United Corporate Service	es, înc.		, hereby resign	15 8 S	
		istered Agent			
Registered Agent for	S HOME AC	G TERM S3 F	PLEDGOR, LLC		
	1	Jame of Limite	d Liability Company		
M20000003464					
Document N	umber, if know	m			
A copy of this resignati	on was mail	ed to the abo	ove listed limited liability company at its	last known ac	ldress.
The agency is terminate	d and the of	ffice discont	inued on the 31st day after the date on w	hich this states	ment is filed.
	Micho	rel A. E	Sarr Signature of Resigning Agent		
	• •		Signature of Resigning Agent		
If signing on behalf of a	an entity:				
	Michael A	. Вагт			
	President	• •	ed or Printed Name porate Services, Inc.		
		.	Capacity		73
		FILING F \$ 85.00 \$ 25.00	EES: Active limited liability company Administratively dissolved/voluntarily withdrawn limited liability company	dissolved/	Rib y