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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ns				
SUBJECT: Enterprise Mor	tgage Acceptance Com	ipany, LLC)		
	•	ниу сошра	ну)		
DOCUMENT NUMBER: M	97000000229	<u> </u>	Verel .		•
The enclosed Resignation of R for filing.	egistered Agent for a Lim	iited Liabili	ty Company	and fee are sub	mitted
Please return all correspondence	e concerning this matter	to the follo	wing:		
Ryan Reeves					
(Name of	(Person)				
LexisNexis Document Solu	·	<u>. </u>		SECTION SECTION	
(Name of Fir	m/Company)				71
801 Adlai Stevenson Dr.		F	**	N. S. C.	FILED
(Add	ress)				
Springfield, IL 62703					>
(City/State ar	nd Zip Code)			· =	>
For further information concer	ning this matter, please ca	ıll:			
Ryan Reeves	at (217	₎ 492-	-0325		
(Name of Persor	at (217 (Area	Code & Day	time Telepho	ne Number)	••
Enclosed is a check made paya liability company or \$25.00 for liability company.	ble to the Florida Departr r an administratively disso	nent of Stat olved, volui	te for \$85.00 ntarily dissol	for an active lir ved or withdraw	nited ⁄n limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpore 409 E. Gaines Street Tallahassee, FL 32	ations et			

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or 608.509,	Florida Statutes, the undersig	ned,				
Lexis Document	Services Inc.	, hereby resigns	as				
	(Name of Registered Agent)	,					
Registered Agent for _	Enterprise Mortgage Acceptance Company, LLC						

	(Name of Limited Liability Con	mpany)					
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(Document Nu	mber, if known)						
	ted and the office discontinued on the	31st day after the date on which	ो हैं। ch this staten	= -			
If signing on behalf of	(Signature of Resigning	moon), Asst.	Sec. II	D 8 M×			
	Karen Stephenson			0			
	(Typed or Printed Na	ame)	AST .				
	Assistant Secretary		1.45 0.2				
	(Capacity)		., . =				

Active limited liability company
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withdrawn limited liability company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