(Requestor's Name) (Address)	100182985871
(Áddress)	
(City/State/Zip/Phone #)	07/19/1001065010 **100.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	ARTALLA
Special Instructions to Filing Officer: A. LUNT JUL 2 1 2010	UL 19 AH B: 42 ETANY OF STATE HASSEE. FLORIDA
EXAMINER	
Office Use Only	

July 12, 2010

RE: ASSURANCE MORTGAGE, LLC. (UT. DOM.) RENT-A –HUSBAND, LLC. (DE. DOM.) USA CYPRESS GREENS LEASECO, LLC. (DE. DOM0 VA PARCEL, L.L.C. (DE. DOM.)

Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>100.00</u> to cover the required filing fee.

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AH Ig:

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Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

hereby resigns as

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AH 10: 42

(DE. DOM.) VA PARCEL, L.L.C Registered Agent for

(Name of Registered Agent)

(Name of Limited Liability Company)

M9800001053

(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.

Signature of gent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name) ASSISTANT SECRETARY

(Capacity)

1.

FILING FEES: \$ 85.00 Activ \$ 25.00 Adm

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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