P97000021192

| (Requ | estor's Name) | |
|-----------------------------|-----------------|-------------|
| (Addro | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phon | e #) |
| PłCK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nai | me) |
| (Docu | iment Number) | |
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| Special Instructions to Fil | ing Officer: | |
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CM. 8-5-14



July 14, 2014

RE: BSW INTERNATIONAL, INC. (OK. DOM.)
DAVIDSON-BABCOCK, INC. (IA. DOM.)
HDE, INC. (FL. DOM.)
LMG-LUCID MANAGEMENT GROUP INC. (WA. DOM.)
MID NATION MORTGAGE CORPORATION (MO. DOM.)



Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

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

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary (212)894-8516

TA/hm Enclosure

National Registered Agents, Inc.

111 Eighth Avenue 13th Floor New York, NY 10011

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60 | 97.0502(2), 617.0502(2), 607.1509, or | 617.1509, | |
|--|--|----------------------|--|
| Florida Statutes, the undersigned, _ | NRAI SERVICES, INC. | | |
| <u></u> | (Name of Registered Agent) | | |
| homoby marious as Desistant I A sout Co. | HDE, INC. (FL. DOM.) | | |
| hereby resigns as Registered Agent for | (Name of Corporation) | , | |
| P97000021192 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to | the above listed corporation at its last | known address. | |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the | date on which | |
| | aay | | |
| (Sig | nature of Resigning Agent) | | |
| If signing on behalf of an entity: | V | TALLOR JAMES | |
| NRAI SERVI | CES, INC THERESA ALFIERI | 4 JUL 23 | |
| (1 | yped or Printed Name) | न्सर् सम्बद्धः । | |
| ASS | ISTANT SECRETARY | PM 10: 51 | |
| | (Capacity) | | |

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

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