P97000034464

(Requesto	r's Name)
(ivequesio	13 Name)
(Address)	
(Address)	
(Addiess)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
	= 1; · 0
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
	•

Office Use Only



400212821794

10/05/11--01020--018 **140.00

11 OCT -5 AM 8: 06 SECRETARY OF STATE

RAPesign Theres 10-6-11



111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax :www.ctlegalsolutions.com

RE:	INDUSTRY MORTGAGE CORPORATION	(DE. DOM.)
	MORTGAGE AMERICA (IMC), INC.	(FL. DOM.)
	NATIONAL LENDING CENTER, INC.	(FL. DOM.)
	RESIDENTIAL MORTGAGE CORPORATION (IMC, INC.	(FL.DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 - 1 - 1 = 1 check in the amount of 1 + 1 = 1 = 1 = 1 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

FILED

1

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

11 OCT -5 AM 8: 06 SECRETARY OF STATE TABLEAHASSEE FLORIDA

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM
, <u> </u>	(Name of Registered Agent)
	NATIONAL LENDING CENTER, INC. (FL. DOM.)
hereby resigns as Registered Agent fo	r(Name of Corporation)
	(Name of Corporation)
P97000034464	
(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.	ce discontinued on the 31st day after the date on which
	May
	Signature of Resigning Agent)
If signing on behalf of an entity:	
C T CORPORA	ATION SYSTEM - THERESA ALFIERI
	(Typed or Printed Name)
A	SSISTANT SECRETARY
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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