

LO4000015094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

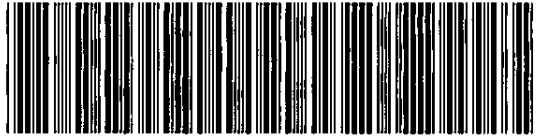
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 MAR 16 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 17 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

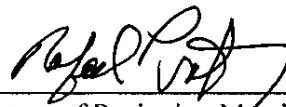
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FIDELITY QUICKPAY LLC.

2. This limited liability company was organized under the laws of:
STATE OF FLORIDA.

3. The Florida document/registration number of this limited liability company is:
L004000015094

4. I, RAFAEL PRATS, hereby resign as a MEMBER.
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X 
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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