109000003972

| • • | |
|----------------------|--------------------------|
| • | (Requestor's Name) |
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | s to Filing Officer: |
| | A. LUNT |
| | 2 2000 |

Office Use Only

EXAMINER



300161217063

10/07/09--01034--007 **25.08

SECRETARY OF STATE FALLAHASSEE, FLORIDA

90CT -7 PH 2:1



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 lin | mited liability company as it a | ppears on the records | of the Florid | a Depai | rtment |
|---|------------------------------------|-----------------------------|---------------|---------------------------|-------------|
| of State is: Inter | trade Accounts Rec | eivable Finan | cing, LL(| <u> </u> | · |
| 2. This limited liability company was organized und Florida | | der the laws of: | | SECRETAR TALLAHASS | 2009 OCT -7 |
| 3. The Florida docum | nent/registration number of this | s limited liability con | npany is: | Y OF STATE EE. FLORIDA | PM 2: 45 |
| 4. I. JUAN C V | ALDANO | _, hereby resign as a | MGRM | ,- | |
| , | ne of Person Resigning) | _, , , | (Print | Title) | |
| of this limited liabi esignation in writi | lity company and affirm the lirng. | nited liability compa | ny has been r | iotified | of my |
| Signature of Resign | ning Member, Managing Mem | ber or Manager | | | |
| Filing Fee: | \$25.00 (Required) | | | | |
| Certified Conv. | \$30.00 (Ontional) | | | | |