

L10000114724

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ACCOUNTANT & MANAGEMENT INC
Account Number : I:0110000070
Phone : (305)541-3980
Fax Number : (305)541-7033

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DELTA FORECLOSURE MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

A. LUNT
AUG -3 2011
EXAMINER

HI 2000 1962953

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELTA FORECLOSURE MANAGEMENT LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted filing.

Please return all correspondence concerning this matter to:

MOSES NAE

(Contact Person)

ACCOUNTANT & MANAGEMENT

(Firm/Company)

1549 NE 123RD ST

(Address)

NORTH MIAMI, FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

MOSES NAE

(Name of Contact Person)

at (305) 541-3980

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR21.079 (5/06)

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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: DELTA FORECLOSURE MANAGEMENT LLC

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

3. The Florida document/registration number of this limited liability company is: L10000114724

4. I, LUCIANO N WISZNIEWSKI, hereby resign as a MANAGING 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.

[Signature]
Signature of Resigning Member, Managing Member or Manager

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

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TALLAHASSEE, FLORIDA

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