

L22000 101 373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

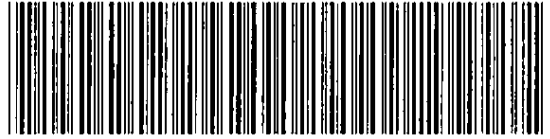
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200411092222

06/27/23--01013--012 \*\*25.00

*[Handwritten signature]*

ROBERT E. BONE JR., P.A.  
ATTORNEY AT LAW

918 W. Main Street  
Leesburg, Florida 34748  
Phone. 352-315-0051  
Fax. 352-326-0049

June 19, 2023

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: CRED-1, LLC  
MEMBER RESIGNATION**

Dear Sir or Madame:

Please find enclosed the following documents for processing:

1. Cover Letter and Member Resignation Form for Florida Limited Liability Company; and
2. Our check for \$25.00 representing the filing fee.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,



Jennifer A. McElrath  
Assistant to Robert E. Bone, Jr.

Enclosures: As noted

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRED-1, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT E. BONE JR.

\_\_\_\_\_  
(Contact Person)

ROBERT E. BONE JR. PA

\_\_\_\_\_  
(Firm/Company)

918 W. MAIN STREET

\_\_\_\_\_  
(Address)

LEESBURG, FLORIDA 34748

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT E. BONE JR.

352 315-0051  
at ( )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CRED-I, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000101373


3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 15, 2023

4. I, MIRZA A BAIG, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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