M09000001974

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COVER LETTER

NATIONWIDE CREDIT SERVICE LLC Name of Limited Liability Company DOCUMENT NUMBER: M09000001974 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laurie Wilson Name of Person Hubco Registered Agent Services, Inc. Name of Firm/Company 238 West Jericho Turnpike Address Huntington Sta, NY 11746-3661 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laurie Wilson Name of Person Enclosed is a check made payable to the Florida Department of State for \$85,90 for an active limited liability company or \$25,00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section

Division of Corporations

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

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida	Statutes, the undersigned,
Hubco Registered Agent Services, Inc.	hereby resigns as
Name of Registered Agent	
Registered Agent for NATIONWIDE CREDIT SE	ERVICE LLC
Name of Limited Liabili	ity Company
M09000001974	
Document Number, if known	
A copy of this resignation was mailed to the above list	ed limited liability company at its last known address.
The agency is terminated and the office discontinued of	on the 31st day after the date on which this statement is filed.
В-В. Auh	e of Resigning Agent
Signature	e of Resigning Agent
If signing on behalf of an entity:	A IT
Bruce B. Hu	ubbard PLONIII 149
Typed or Pri	nted Name
Presid	lent
Capacit	у

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314