

L02 000016852

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Fax Number : (850)205-0380

From:
Account Name : PHILIP K. CALANDRINO, P.A.
Account Number : I20000000241
Phone : (407)351-5775
Fax Number : (407)351-5688

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

CREATIVE FINANCIAL SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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PAGE 1/1

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Department of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 19, 2004

CREATIVE FINANCIAL SOLUTIONS, LLC
4044 WEST LAKE MARY BLVD., UNIT 104-404
ORLANDO, FL 32746-2012

SUBJECT: CREATIVE FINANCIAL SOLUTIONS, LLC
REF: L02000016852

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Your document reflects the wrong document number. The correct document number is L02000016852. Please correct your document accordingly.

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Michelle Milligan
Document Specialist

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Letter Number: 104A00025488

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREATIVE FINANCIAL SOLUTIONS, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L02000016852

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:

PHILIP K. CALANDRINO
(Name of Person)

PHILIP K. CALANDRINO, P.A.
(Name of Firm/Company)

7232 SAND LAKE ROAD, SUITE 201
(Address)

ORLANDO, FLORIDA 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP K. CALANDRINO at (407) 841-7280
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

PHILIP K. CALANDRINO, P.A.

(Name of Registered Agent)

Registered Agent for CREATIVE FINANCIAL SOLUTIONS, LLC

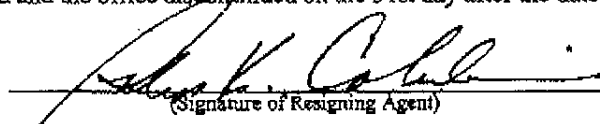
(Name of Limited Liability Company)

L020000016852

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

PHILIP K. CALANDRINO, P.A.

(Typed or Printed Name)

PRESIDENT/DIRECTOR

(Capacity)

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

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