

From: CALANDRINO LAW FIRM, P.A.

4078417282

04/05/2005 15:14 #086 P.001/003

Division of Corporations

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L02000016852

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CALANDRINO LAW FIRM, P.A.
Account Number : I20000000241
Phone : (407) 841-7280
Fax Number : (407) 841-7282

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

05 APR -5 PM 4:50

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05 APR -5 PM 4:16

DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

CREATIVE FINANCIAL SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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From: CALANDRINO LAW FIRM, P.A.

4078417282

04/05/2005 15:14 #086 P.002/003

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, President
(Name of Person)

Calandrino Law Firm, P.A.
(Name of Firm/Company)

601 North Magnolia Avenue, Suite 300
(Address)

Orlando, Florida 32801
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

FILED
05 APR -5 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

, hereby resigns as

Registered Agent for Creative Financial Solutions, LLC

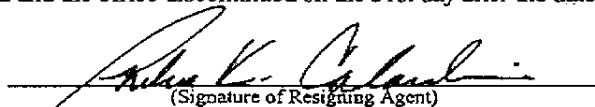
(Name of Limited Liability Company)

L02000016852

(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

(Typed or Printed Name)

President

(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