

L 04000023796

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(City/State/Zip/Phone #)

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07 DEC 10 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*L.A. Resign*

G. Gouffaux DEC 10 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Credit Repair Today, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L 04000023796

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CURRAN K. Porto  
(Name of Person)

CURRAN K. Porto, P.A.  
(Name of Firm/Company)

9270 Bay Plaza Blvd, Ste. 618  
(Address)

TAMPA, FL. 33619  
(City/State and Zip Code)

For further information concerning this matter, please call:

CURRAN K. Porto at (813) 258-0216  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2007

CURRAN K. PORTO  
9270 BAY PLAZA BLVD., STE. 618  
TAMPA, FL 33619

SUBJECT: CREDIT REPAIR TODAY, LLC.  
Ref. Number: L04000023796

We have received your document for CREDIT REPAIR TODAY, LLC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have completed the form for a corporation, I am sending you the correct form for a Limited Liability Company. Please complete this form and return with a copy of this letter to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 407A00065236

RECEIVED  
2007 DEC 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CREDIT REPAIR TODAY, LLC.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04 000023 796

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:

Carroll K. Forto  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9270 BAY PLAZA BLVD. STE 618  
(Address)

TAMPA FL 33619  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carroll Forto at (813) 258-0216 x222  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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,

CHRISTIAN K. PORTO, hereby resigns as  
(Name of Registered Agent)

Registered Agent for CREDIT REPAIR TODAY, LLC.  
(Name of Limited Liability Company)

LO4000023796  
(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

APPROVED  
AND  
FILED  
07 DEC 10 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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