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. (Requestor's Name)						
(Address)						
(Address)						
(values)						
(0) (0) (7)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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(Business Entity Name)						
•						
(Document Number)						
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SECRETARY OF STATE

T. CLINE

MAY - 8 2009

EXAMINER

COVER LETTER

-	sistration Section				
Div	ision of Corporations				
SUBJECT	Complete Mortgage Solutions, LLC				
	(Name of Limited	ed Liability Company)			
The enclose filing.	ed member, managing member or m	nanager resignation and fee(s) are submitted for			
Please retu	rn all correspondence concerning thi	uis matter to:			
Gregg L	Martin				
	(Contact Person)				
Complet	e Mortgage Solutions, LLC	<u> </u>			
	(Firm/Company)				
2135 NV	V 40th Terrace, Suite C				
	(Address)				
Gainesv	rille, FL 32605				
	(City/State and Zip Code)				
For further	information concerning this matter,	, please call:			
Gregg L	. Martin a	at (352) 380-0213			
	Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed p	lease find a check made payable to t	the Florida Department of State for: \$55 Filing Fee &			
		Certified Copy			
STREET/C	COURIER ADDRESS:	MAILING ADDRESS: Registration Section			
Division of	Corporations	Division of Corporations			
Clifton Bui	lding itive Center Circle	P.O. Box 6327			
	. Florida 32301	Tallahassee, Florida 32314			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it		of the Flor	rida Dep	oartmen	t
of State is: Cor	nplete Mortgage Soluti	ons, LLC			·	
2. This limited liab State of Flo	ility company was organized u orida	nder the laws of:		SECRETAR'	2009 MAY -7	Ī
3. The Florida docu <u>L05000018</u>	ament/registration number of th	nis limited liability com	pany is:	EE, FLORID	AM 10: 57	1
4. I, Kathy Prev	vatt .	, hereby resign as a _	Membe	r 'r		
	ame of Person Resigning)		(Pri	nt Title)		
of this limited lial resignation in wri	pility company and affirm the l	imited liability compan	y has beei	n notifie	d of my	r
Signature of Resi	gning Member, Managing Me	mber or Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					