W5000092838

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) (Document Number)
(Document Number)
Special Instructions to Filing Officer: 3/29 MUNRUO
2is 4 date
Office Use Only



000068940000

TEDO ANDRONES SELVE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Recognized Credit Group, LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing		
Please return all correspondence concerning this matter to the following.		
Ramon Ruges (Name of Person)		
(Firm/Company)		
SO35 Palm Ove		
HAGAN FL 33012 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Ramon Ruyls at 305, 822-0669 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 P.O. Box 6		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\times \text{\$55 Filing Fee & Certified Copy}		
CR2E079 (8/05)		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

i, Olaf Hampel	, hereby resign as(Title)	
of Recognized Credit (Limited Liabi	GYDUP LLC lity Company)	
a limited liability company organized under the la	ws of the State of Florida	
and affirm that the limited liability company has been notified in writing of the resignation.		
(Signature of the igning manager.	managing member or member)	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314