## 105000103488

(Requestor's Name)		
(Address)		
(Add.,,,)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
LD5-1B488 (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Jis + data		

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Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Processing Plus (Name of Limite	USA LLC d Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing M	fember or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Mitchell MANDER (Name of Person)	······································	
Processing Plus USA LL (Firm/Company)	<u> </u>	
10191 W. SAMPLE RD (Address)	·	
Conni springs, FL 336 (City State and Zip Code)	65	
For further information concerning this matter, please call:		
Mitchell Manoen (Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)	, Certifica Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. KENNETH BEGGS	, hereby resign as MCKM (Title)
	(Title)
of Processing Plus USA LLC	•
(Limited Liz	ability Company)
a limited liability company organized under the	laws of the State of Florina
and affirm that the limited liability company ha	s been notified in writing of the resignation.
La Por	-
(Signature of resigning manag	er, 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, FL 32314