

LA 500016289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

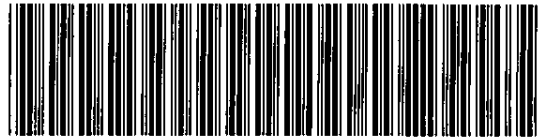
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 FEB 12 P 2: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. LUNT**  
FEB 13 2008  
**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DFS Lending LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Soledad Nicoletti  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

30246 Red Culver Way  
(Address)

Wesley Chapel, FL 33543  
(City/State and Zip Code)

For further information concerning this matter, please call:

Soledad Nicoletti at ( 813 ) 404-6934  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

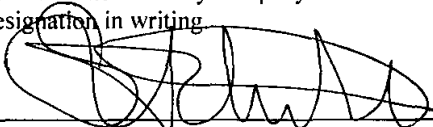
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DFS Lending LLC

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: L05000116289

4. I, Soledad Nicoletti, hereby resign as a MGR  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2008 FEB 2 P 2: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA