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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Loan Closer, LLC	_	
(Name of Lim	ited Liability Com	pany)
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	Member or Ma	anager and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the fo	llowing:
	•	•
Charles J. DiPardo, C.P.A.		
(Name of Person)	· 	_
Eduin Andrews & Company D A		
Edwin Andrews & Company, P.A.	•	_
(Firm/Company)		
6574 N. State Road 7, PMB 115		
(Address)		_
•		
Coconut Creek, FL 33073-3625		
(City/State and Zip Code)		_
For further information concerning this matter, p	lease call:	
Observation DiPosedo O.D.A	054	750 5000
Charles J. DiPardo, C.P.A.	at (954	753-5900
(Name of Person)	(Area Code	e & 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 &
CR2E079 (8/05)	,	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Sol E. Mahoney	, hereby resign as Managing Member
	(Title)
of The Loan Closer, LLC	
(Limited Liability Company)
a limited liability company organized	under the laws of the State of Florida
and affirm that the limited liability con	mpany has been notified in writing of the resignation.
(Signature of resignir	ng manager, managing member or member)
	<i>[]</i>

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

06 SEP 18 PM 1: DL

CR2E079 (8/05)