L05000118075

(F	Requestor's Name)
	Address)	·
	Address)	
((City/State/Zip/Phor	 ne #)
PICK-UP	☐ WAIT	MAIL
	Business Entity Na	me)
(E	Document Number)
Certified Copies	Certificate	es of Status
Special Instructions to		(.
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: A & B Mortgage, 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:						
(Name of Person)						
(Firm/Company)						
4867 NW Pain Coast Parkney, huit 1205						
Paim Carst, Fl. 32164 (City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Person) at (386) 447-8413 (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 \$\text{Cr2E079 (8/05)}\$						



August 15, 2006

MANUEL ANTONIO GRAU 4867 NW PALM COAST PARKWAY, UNIT 1205 PALM COAST, FL 32164

SUBJECT: A & B MORTGAGE, LLC

Ref. Number: L05000118075

We have received your document for A & B MORTGAGE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 206A00050459

Leslie Sellers Document Specialist



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	manuel	AΝ	TON'O GRAU	, hereby resign as	President (Title)	A Prin, Broker	<u>.</u>
of	Aa	B	Morrgage,			3	
			(Limited Liability	Company)			
a limi	ted liability compan	y org	anized under the laws	of the State of	FLORIDA	,	,
and at	firm that the limited	l liab	ility company has bee	n notified in writin	g of the resignation.		
			La Maria	>			

(Signature of resigning manager, managing member or member)

ON/0706

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

CR2E079 (8/05)

SECRETARY OF STAFE
DIVISION OF CORPORATIONS

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