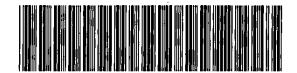
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SECRETARY OF STATE
TALLAHASSEE, FLORID!

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: <u>Direct Consumer Le</u> (Name of Limited	nding. LLC Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Edwin B. Kagan, Esq. (Name of Person)	· · · · · · · · · · · · · · · · · · ·
Edwin B. Kagan, P.A.	TAS 21
(Firm/Company)	ECRE
2709 Rocky Point Drive, Suit (Address)	e 102 FARY OF TASSEE, F
	STATE LORID
(City/State and Zip Code)	O I
For further information concerning this matter, please	se call:
Edwin B. Kagan, Esq. at (Name of Person)	(813 ) 281-5609 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$35 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, <u>Claude Hopkins</u>	_, hereby resign as	Vice President and Managing Member		
	<u>.</u> ,,	(Title)		
of <u>Direct Consumer Lending</u> , (Limited Liabilit	v Company)			
a limited liability company organized under the law	s of the State of _	Florida		
a limited liability company organized under the law and affirm that the limited liability company has be	en notified in writ	TAITEST AHAI	majjon. F	7
			ω	
(Signature of resigning manager, n	nanaging member	or member)" STATE ORIDA	7 -: 01	O

#### 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