(Re	equestor's Name)	
(Ad	dress)	
. (Ad	Idress)	
. (Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
Rosign		
<b>∜</b> Office Use Only		

G. MCLEOD

JUL 17.2008

EXAMINER



900132940889

07/16/08--01031--002 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Loan Depot LLC	
	nited Liability Company)
The enclosed member, managing member o filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Harry Griggs	
(Contact Person)	
(Firm/Company)	
6800 Bird Road, #303	
(Address)	
Miami, Florida 33155	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Harry Griggs	at (305) 801-3121
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable  \$25 Filing Fee .	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
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

CR2E079 (5/06)



## 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 a	ppears on the records of the Florida Department
of State is: Loan Depot LLC	
of State is.	· ·
2. This limited liability company was organized un State of Florida	der the laws of:
3. The Florida document/registration number of thi L06000026433	s limited liability company is:
4. I, Harry Griggs	_, hereby resign as a Managing Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the liresignation in writing.	nited liability company has been notified of my
Signature of Resigning Member, Managing Mem	ber or Manager
	MM at 4

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)