

L06000033983

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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JUL 11 2006  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 11 PM 4:13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2006

JORGE ACOSTA  
INTERACTIVE CREDIT CLINIC  
2050 CORAL WAY #200  
MIAMI, FL 33145

SUBJECT: INTERACTIVE CREDIT CLINIC, LLC  
Ref. Number: L06000033983

We have received your document for INTERACTIVE CREDIT CLINIC, 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):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 206A00042964

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Interactive Credit Clinic  
(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:

Jorge Acosta  
(Name of Person)

Interactive Insurance  
(Firm/Company)

2050 Coral Way #200  
(Address)

Miami FL 33145  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Acosta at (786) 514 8900  
(Name of Person) (Area Code & 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 &  
Certified Copy



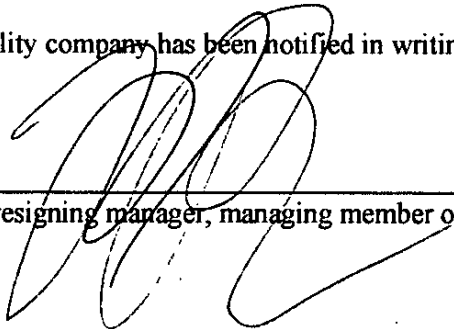
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Moises Rodriguez, hereby resign as MGR  
(Title)  
of Interactive Credit Clinic LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida.

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

  
(Signature of resigning manager, managing member or member)

**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