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EXAMINER

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## **COVER LETTER**

SUBJECT: APPROVED MORTGAGE FINANCIAL, LLC (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  RONEL LUBIN  (Contact Person)  PATRON REALTY, TNC  (Firm/Company)  SUNRISE BLVD # 210  GAdress)  For further information concerning this matter, please call:  RONEL LUBIN  (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to:    Ronel Lubin   (Contact Person)	SUBJECT: APPROVED MORIGAGE FIN (Name of Limited Liability Company)	ANCIAL, LLC
PATRON REALTY, TNC  (Firm/Company)  5975 W. Sunrise Blvd #210  Sunrise FL 33313  (City/State and Zip Code)  For further information concerning this matter, please call:  Ronel Lusin  (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$25 Filing Fee  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations	· · · · · · · · · · · · · · · · · · ·	(s) are submitted for
PATRON REALTY, TNC  (Firm/Company)  5975 W. Sunrise Blvd #210  Sunrise FC 33313  (City/State and Zip Code)  For further information concerning this matter, please call:  PONEL LUSIN at (954) 816 - 5824  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$55 Filing Fee \$Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations	Please return all correspondence concerning this matter to:	
Sunrise Blvd #270  Sunrise FC 333/3  (City/State and Zip Code)  For further information concerning this matter, please call:  Ronel Lusin at 954 816 - 5824  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations	RONEL LUBIN (Contact Person)	
For further information concerning this matter, please call:    Port	(Firm/Company)	,
For further information concerning this matter, please call:    Powel Lubin   at (954) 816-5824     (Name of Contact Person)   (Area Code & Daytime Telephone Number)    Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy    STREET/COURIER ADDRESS: Registration Section Division of Corporations   Division of Corporations	5975 W. Sunrise Blvd #210	5
Registration Section    Accorded to the Florida Department of State for:   Street/Courier Address: Registration Section Division of Corporations     State   S	Sunrise, FC 33313 (City/State and Zip Code)	
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section Registration Section  Division of Corporations  Enclosed please find a check made payable to the Florida Department of State for:  \$45 Filing Fee & Certified Copy	For further information concerning this matter, please call:	
\$25 Filing Fee Certified Copy  STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations  Division of Corporations	RONEL LUSIN at (954) 816 - (Name of Contact Person) (Area Code & Daytime Tele	-5824 ephone Number)
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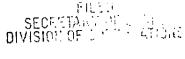
Tallahassee, Florida 32314

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2661 Executive Center Circle

Tallahassee, Florida 32301





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## 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 appears on the records of the Florida Department of State is:   ### PPROVED MORIGOGE FINANCIOU LLC
2. This limited liability company was organized under the laws of:  FLORIDA
3. The Florida document/registration number of this limited liability company is:  \[ \( \L \text{06000 89048} \)
4. I, PATRICK R. PAUL, hereby resign as a <u>Monaging Member</u> (Print Name of Person Resigning), hereby resign as a <u>Monaging Member</u>
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)