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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Busin	ess Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	





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SECRETARY OF STATE SIVISION OF CORPORATIONS

J. BRYAN

FEB - 5 2008

EXAMINER

134 200

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: GPS 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:

IRIS GARCIA
(Contact Person)
GPS Financial UC
(Firm/Company)
1805 Independence PKWy Ste 250B
(Address)
Tampa, F1 33634
(City/State and Zip Code)

SECRETARY OF STATE DIVISION OF CORPORATION

For further information concerning this matter, please call:

IRIS Garcia	_at (813) (0100707
(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 \$
Certified Copy

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

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 appears on the records of the Florida Department of State is:
or state is:
2. This limited liability company was organized under the laws of:
_r_iorici9
3. The Florida document/registration number of this limited liability company is:
4. I, Dane C Collins Tr hereby resign as a MGRM (Print Name of Person Resigning) (Print 18tle)
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: \$25.00 (Required) Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

OPER J AMORETE