## L07000034852

(Requestor's Name)			
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(City)	/State/Zip/Phone	e #)	
PICK-UP	<b>□</b> WAIT	MAIL	
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(Document Number)			
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Special Instructions to Filing Officer:

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**EXAMINER** 

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2008 MAY -9 PH IZ: 15
SECRETARY OF STATE
AND ANASSEE, FLORID.

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Alliance (Name	of Mortgage Professionels, UC ne of Limited Liability Company)
The enclosed member, managing men filing.	mber or manager resignation and fee(s) are submitted for
Please return all correspondence cond	cerning this matter to:
Dougles Koi (Contact Person)	· · · · · · · · · · · · · · · · · · ·
Alliance of Morlya	ge Dobissuals, LLC
6281 Sh 70th St (Address)	Ste 102
Miana FL 3715 (City/State and Zip Cod	+ 3 le)
For further information concerning th	is matter, please call:
Dougles Kai	at (305) 666 1879 (Area Code & Daytime Telephone Number)
	Area Code & Daytime Telephone Number)  ayable to the Florida Department of State for:  \$55 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 of State is: AL	limited liability company as LIANCE OF MOR	it appears on the records of the Florida Department FGAGE PROFESSIONALS, LLC
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doct		this limited liability company is:
	A, ADRIANA Jame of Person Resigning)	, hereby resign as a SECRETARY (Print Title)
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of Res	Igning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·

CR2E079 (5/06)