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## **COVER LETTER**

TO:

CR2E079 (5/06)

Registration Section

Division of Corporations	
SUBJECT.	ME LOANS UC  Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	is matter to:
JOSEPH F. SMS7 (Contact Person)	ΓΟ
(Firm/Company)	ZEGRE TALLAH,
302 BRY 194 ST.	IN -6 A II: I
Brooklyn N.Y. 11214 (City/State and Zip Code)	II: 13
For further information concerning this matter,	please call:
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he 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



## 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							partment
of State is:	5	JUN +	-Inme	LOAN	< 4	111	-
or state is.		7	101.12	<u> DOIN V</u>	<u> </u>		*
2. This limited liab	ility company w	as organized	under the la	ws of:	SECRE TALLAH	2000 JUN	77
3. The Florida docu			this limited	liability comp	TARYSOF ASSENTED	N -6 /	<del>-</del>
	<u> 2000 421</u>		<del></del> *		STAT	=	O
4. I, <u>Jos</u>	seph f.	SASTO	, hereby	resign as a	STY)	5m	7
	ame of Person Resi			· -	(P	rint Title)	
of this limited lial resignation in wri		nd affirm the	limited liab	oility company	has be	en notifi	ed of my
$\mathcal{A}$	m F.	Li					
Signature/of Resi	gning Member,	Managing M	ember or M	anager			
Filing Fee:	\$25.00 (Requ	uired)					
Certified Copy:	\$30.00 (Opti	onal)					