L070000 52192

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
_	, WAIT			
. (Bu	siness Entity Nan	ne)		
(Document Number)				
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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: La Solucion Ca	ish Advance LLC
(Name of Li	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernin	g this matter to:
Fernando Diaz	
(Contact Person)	
La Solucion Cash Advance	LLC
(Firm/Company)	
2718 West Waters Aven	ue
(Address)	
Tampa, Florida 33614	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Fernando Diaz	at (813) 649-8590
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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:	La Solucion Cash A	dvance LLC	•
	oility company was organized te of Florida	d under the laws of:	
	ument/registration number of 7000052192	f this limited liability con	npany is:
T. 1,	corro Ibarra	, hereby resign as a	Vice-President (Print Title)
of this limited lia resignation in w	ability company and affirm the riting.	e limited liability compa	
Filing Fee:	signing Member, Managing N \$25.00 (Required)	∕l èm⊌er <u>o</u>r M anager	07 0c
Certified Copy:	\$30.00 (Optional)		S