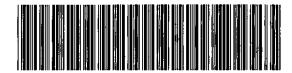
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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12/10

COVER LETTER

TO: Registration Division of C						
SUBJECT: Morto	gage Alliance, L	LC Limited Liability Con				
	(Name of i	Limited Liability Con	npany) ,			
The enclosed member filing.	er, managing member	r or manager resig	nation and fee(s) are subr	nitted f	or	
Please return all corn	espondence concerni	ing this matter to:				
Robert Stott						
•	(Contact Person)		-	_		
<u></u>			_	SECR TALLA	07 DI	
	(Firm/Company)			HA!	Ċ	
1461 NW 114 /		1	_	SSEE, FL	DEC 10 PH 1:29	
	(Address)			S		G
Plantation, FL			_	ATE	: 29	Q
(6	City/State and Zip Code)					
For further informati	on concerning this m	atter, please call:				
Robert Stott		at (954	346-9400 ext 224			
(Name of C	Contact Person)	(Area Code	& Daytime Telephone Num	iber)		
•	a check made payab 5 Filing Fee		Department of State for: 555 Filing Fee & Certified Copy	•		
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323	i		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the Florida Departmen 10R+SAGE ALLIANCE, LLC.
	lity company was organized under the laws of:
•	ment/registration number of this limited liability company is 10056801
4. I,	TATARCUK, P.A., hereby resign as a MGR (Print Title)
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Signature of Res	gning Member, Managing Member or Manager
5	
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)