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(Re	questor's Name)	
(Ad	ldress)	
•		
	ldress)	
(//u	iuless)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
	Filtra Office o	
Special Instructions to	Filing Officer:	
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Office Use Only



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2008 SEP 25 AMII: II
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

SEP 2 6 2008

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Orlando Credi	+ Solutions L	<u>_</u>
(Time of Similar	aciny company,	
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submi	itted for
Please return all correspondence concerning this r	natter to:	
Richard Shuman (Contact Person)		
(Contact Person)		
		SE SE
(Firm/Company)	2	SE SE
2272 Red Ember (Address)	RI	DOBSEP 25 AMII: I
(Address)	in the second se	약 决
OVIELO FL 3276 (City/State and Zip Code)	,5 ————————————————————————————————————	OF STATE
For further information concerning this matter, ple	ease call:	
Richard Shuman at (Name of Contact Person) (A	407 448 7759 Area Code & Daytime Telephone Numb	er)
		 ,
Enclosed please find a check made payable to the		
\$25 Filing Fee	\$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

	limited liability company as			
2. This limited liabi	lity company was organized	d under the laws of:		
	ment/registration number o		npany is:	
4. I, RICH	ame of Person Resigning) willity company and affirm the	hereby resign as a		
	22-			
	gning Member, Managing N \$25.00 (Required) \$30.00 (Optional)	Member or Manager	2008 SEP 25 AM II SECRETARY OF ST	