## L08000015414

(Requestor's Name)
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SECRETARY OF STATE
SIVISION OF CORPORATIONS
OPERS - 9 PH 2: 45

J. BRYAN

FEB 1 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Residential Lending Solu (Name of Limited	tions, LLC Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
William Cary	09 FEb
(Contact Person)	
Residential Lending Solutions	
(Firm/Company)	
5103 Lakewood Drive	
(Address)	
Cooper City, FL 33330	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
William Cary	, 786 <sub>)</sub> 514-0236
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee. Florida 32301	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

	nited liability company as dential Lending Solo	it appears on the records of thutions, LLC		
2. This limited liability Florida	ty company was organized	l under the laws of:		109 FEB -9 P
3. The Florida docum L080000154	•	f this limited liability company	/ is:	PH 2: 45
4. I, Tara J. Cary	e of Person Resigning)	, hereby resign as a Ma	nager (Print Title)	
of this limited liabil resignation in writing	ity company and affirm th	e limited liability company ha	,	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			