## L08000016017

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
_	_	_	
PICK-UP	☐ WAIT	MAIL	
-			
· (Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer		
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Procorp Debt Solutions	s, LLC ited Liability Company)
	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Kevin Garbowit	
(Contact Person)	
(Firm/Company)	
16259 Bristol Pointe Drive	
(Address)	
Delray Beach, Florida 33446	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Kevin Garbowit	at ( 561 ) 789-3991
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee	
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

CR2E079 (5/06)



FILED 10 MAY 12 PM 1:56

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA

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

	limited liability company as i corp Debt Solutions, L	appears on the records of the Florida Department	
2. This limited liab Florida	ility company was organized t	under the laws of:	
3. The Florida docu L08000016	——————————————————————————————————————	his limited liability company is:	
4. I, Peter Brooke (Print Name of Person Resigning)		_, hereby resign as a Managing Member (Print Title)	
	pility company and affirm the	limited liability company has been notified of my	
Signature of Resi	gning Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·	