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SECRETARY OF STATE

C. LEWIS OCT 2 12008 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PDA Loss Mitigation LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Ryan Patton (Contact Person)
PNA LOSS Mc+1gation LLC (Firm/Company)
9337 W. Janple Rd Ste 2010 (Address)
Coral Springs AA 33065 (City/State and Zip Code)
For further information concerning this matter, please call:
Ryan Patton at (941) 9/4-2466 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it appears on the records of the Florida Department
of State is:	PNA LOSS Mitigation LLC.
	•
	ty company was organized under the laws of:
Flor	IDA.
3. The Florida docum	nent/registration number of this limited liability company is:
	8000 30168.
Solomo	1 Arroyo, hereby resign as a Manager
4. I, <u>JOIOI/10/</u>	ne of Person Resigning), hereby resign as a /////////////////////////////////
	ity company and aftern the limited liability company has been notified of my
resignation in writing	
\times /) $_{a}$ /	
Signature of Resign	ning Member, Managing Member or Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)