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(Re	equestor's Name)	
(Ád	ldress)	
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· (Cit	ty/State/Zip/Phone	e #)
. PICK-UP	 ₩AIT	MAIL
. ·(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

D. BRUCE
NOV 10 2009
EXAMINER



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 a Lending Services, LL		of the Flor	ida Department	;
2. This limited liabil Florida	ity company was organized un	der the laws of:		09 NOV -9 SECRETAR) TALLAHASSE	1.1
3. The Florida docum 	nent/registration number of thi	s limited liability con 	npany is:	PH 2: 02 OF STATE E. FLORIDA	
4. I, Charlie Cad	Irecha ne of Person Resigning)	_, hereby resign as a	Managir	ng Member	
	lity company and affirm the lir	nited liability compar	•	•	
Signature of Resign	ning Member, Managing Mem	ber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				