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SECRETARY OF STATE

D. BRUCE

FEB 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOAN RELIEF 6R	LOVP, LLC ed Liability Company)
The enclosed member, managing member or n filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
SCOTT GOTTLEB (Contact Person)	
LOAN RELIEF GROUP LIC (Firm/Company)	SECRE TALLAH
5340 N. FEDERAL HWY (Address)	# 208 73064
City/State and Zip Code)	33064 STATE LORIDA
For further information concerning this matter	, please call:
SCOT GOTT LIEB (Name of Contact Person)	at (<u>954</u>) <u>481 – 880 5</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

I. The name of the of State is:	limited liability company Loan Relief	as it appears on the records of the Flo	orida Department
	ility company was organiz ovi da	zed under the laws of:	09 FEB -1 SECRETAR TALLAHASS
3. The Florida docu	49897	of this limited liability company is:	6 AMIO:
4. 1, Micha (Print No.	ge/L Duv SO ame of Person Resigning)	hereby resign as a <u>Managr</u>	THE PAY THEY I'M Tile)
of this limited liab resignation in wri	pility company and affirm	the limited liability company has bee	n notified of my
Muchae	I & Burno		
Signature of Resi	gning Member, Managing	g Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		