L08000086769

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Filotte #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
•				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				

Office Use Only



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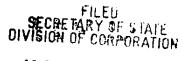
DIVISION OF COMPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Discount Credit Card Pro	ocessing LLC
	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Jonathan Lee	
(Contact Person)	
Discount Credit Card Processing L	LC
(Firm/Company)	
11057 Seaport Lane	
(Address)	·····
Boca Raton FL 33428	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Jonathan Lee	at (561) 843-1084
(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	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





10 SEP 22 AN ID: 42

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: Dis	limited liability company as count Credit Card Pro	it appears on the records o	f the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doct L08000086	ument/registration number of 6769	this limited liability compo	any is:
_{4. I} , Jonathan	Lee	, hereby resign as a	/lember
(Print Name of Person Resigning)		,, 0	(Print Title)
resignation in wr			has been notified of my
Signature of Res	igning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		