L08000100405

(Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PiCK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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TALLAHASSEE, FLORIDA

J. BRYAN

JAN -7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FIRST CHOICE DEBT RESOLU (Name of Limited Liability Co		-	
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitte	ed for	
Please return all correspondence concerning this matter to	:		
Rohit Singh			
(Contact Person)			0
FIRST CHOICE DEBT RESOLUTION GRO	DUP LLC	RETARY	JAN -6
(MO	Ę
P.O. Box 298014		FLS	計:16
(Address)		豎	=
	•	P E	•
Pembroke Pines, FL 33029	•		
(City/State and Zip Code)	_		
For further information concerning this matter, please call	:		
Rohit Singh at 954	328-0933	_	
(Name of Contact Person) (Area Code	e & Daytime Telephone Number))	
Enclosed please find a check made payable to the Florida [] \$25 Filing Fee	Department of State for: \$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 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it a			a Depar	ment	
	ity company was organized un			SECRETARY OF TALLAHASSEE.	10 JAN -6 A	
3. The Florida docum L08000100	ment/registration number of thi 405	s limited liability company	is:	FSTATE	AH 11: 16	•
4. I, Rohit Singh	ne of Person Resigning)	_, hereby resign as a MG	R (Print T	itle)		
	ility company and affirm the lir	mited liability company has		•	f my	
Signature of Resignature	ming Member, Managing Mem	ber or Manager				
		J				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					