: LO 6000108004

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SECRETARY OF STATE

S. HAWKES

JAN 1 2 2010

EXAMINER

20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOAN ModiFication (Name of Limited)	Team L.L.C Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Sames STOWN (Contact Person)	
(Contact Person)	
(Firm/Company)	
1715 NE 11 ST (Address)	
(Address)	
ft. Landendske Fe 33304 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter,	
TAmes STOW at (Name of Contact Person)	(954) 993-6/50
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne 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)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

1. The name of the	limited liability company as	it appears on the records	of the Florida Department
of State is: 2	OAN Modification	TEAM L.L.C	·•
	,		
2. This limited liabi	ility company was organized	under the laws of:	
Florida	-		
0 FFL FL 1		641. i. 1i i4 - 4 1i - 1. ii.4	
	ment/registration number of	tinis limited liability com	pany is:
108000	108004		
	_		•
4. I, JAMES	G. STOUT S. ame of Person Resigning)	, hereby resign as a _	MGRM
(Print No	ame of Person Resigning)		(Print Title)
of this limited liab	oility company and affirm th	e limited liability compan	y has been notified of my
resignation in wri	iting.		
/.			
In			
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		