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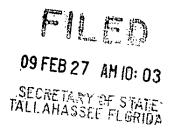
TO:

CR2E079 (5/06)

Registration Section

Division of Corporations SUBJECT: TRUE BLUE MORTAGE WORKS, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Paul G. Schlichte, Esquire (Contact Person) Ray A. Schlichte, Jr., P.A. 2134 Hollywood Boulevard (Address) Hollywood, FL 33024 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 923-4604 (Area Code & Daytime Telephone Number) Paul G. Schlichte (Name of Contact Person) 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 P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as ue Blue Mortgage \		of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doct	ument/registration number of 03890	this limited liability con	npany is:
· · · · · · · · · · · · · · · · · · ·	Lopez Carril Tame of Person Resigning)	, hereby resign as a	Managing Member
resignation in wr	bility company and affirm the iting. July 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (O il	ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		