## L09000017405

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

13.

Office Use Only



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SEGRETARY OF STATE
JIVISION OF CORPORATION

T. HAMPTON

JAN - 7 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: C & R LOAN MODIFICATIONS	LLC	
(Name of Limited Liability Company)		
The enclosed member, managing member or manager resfiling.	ignation and fee(s) are submitted for	
Please return all correspondence concerning this matter to	o: <sub>.</sub>	
Rohit Singh		
(Contact Person)	<del></del>	
C & R LOAN MODIFICATIONS LLC		
(Firm/Company)		
P.O. Box 298014		
(Address)	<del></del>	
Pembroke Pines, FL 33029		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, please cal	1:	
Rohit Singh at ( 954	328-0933	
(Name of Contact Person) (Area Coo	le & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida	<b>7</b> • • • • • • • • • • • • • • • • • • •	
\$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 32301	Tallahassee, Florida 32314	
rumanassoo, riorida 52501		

CR2E079 (5/06)



## 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 limited liability company as it a of State is: C & R LOAN MODIFICATION	•
2. This limited liability company was organized un Florida	der the laws of:
3. The Florida document/registration number of thi L09000017405	s limited liability company is:
<sub>4. I,</sub> Rohit Singh	_, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the line resignation in writing.	nited liability company has been notified of my
Prolit Single	
Signature of Resigning Member, Managing Mem	ber or Manager

Filing Fee: Certified Copy:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)