10900033277

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
. (Bu	rsiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





400305526464

11/14/17--01003--020 **25.00

2011 NOV IL PHIZ: 21.
SECRETARY OF STAFE.

K. SALY NOV 1 5 2017

COVER LETTER

_	sion of Corporations				
SUBJECT:	Legal Debt Solutions, LLC	C.			
SOBULTOT.	(Name of Limited Liability Company)				
The enclosed	d member, resignation or diss	ociation and fee(s) are submitted for filing.		
Please return	all correspondence concerni	ng this matter to:			
Harvey Ver	ngroff				
	(Contact Person)		•		
Vengroff In	vestments, LP				
	(Firm/Company)	+	-		
8440 North	Tamiami Trail				
	(Address)		•		
Sarasota, f	EL 34243				
	(City/State and Zip Code)	274 - 2 2 · · · · · · · · · ·	-		
For further i	nformation concerning this m	natter, please call:			
Harvey Ve	ngroff	941 at (5864946		
1)	Vaine of Contact Person)		& Daytime Telephone Number)		
Enclosed ple ■ \$25 Filin	easc find a check made payab g Fee		Pepartment of State for: Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration			Registration Section Division of Corporations		
Clifton Buil	Corporations ding		P.O. Box 6327		
	tive Center Circle		Tallahassee, Florida 32314		
Tallahassee,	Florida 32301				

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it al Debt Solutions, LLC	appears on the records of the Florida Department
2. The Florida doc L0900003327	•	gned to this limited liability company is:
Llamini Mani		ned or will withdraw/resign is: November 1st
4. I, Harvey Veng		, hereby withdraw/resign as a
	Name of Person Resigning)	
Managing Me	ember	
	(Print Title)	
of this limited lia resignation in w	• •	limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
2		
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	