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EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
SUBJECT: CrossCredit Capital, Li	
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
Baruch Halpern	
(Contact Person)	
CrossCredit Capital	
(Firm/Company)	
20900 NE 30th Avenue, Suite 20	0
(Address)	
Aventura, FL 33180	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Baruch Halpern	at (786) 528-1400
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee Florida 32301	Tallahassee, Florida 32314



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 it appenssCredit Capital, LLC	ars on the records of	the Florida Depar	rtment 	
2. This limited liab Florida	ility company was organized under	the laws of:			
3. The Florida doct L09000035	ment/registration number of this line 28	nited liability compa	ny is:		
_{4. I,} Arthur Newman		, hereby resign as a Member (Print Title)			
(Print Name of Person Resigning)			(Print Title)		
of this limited lial resignation in wr	oility company and affirm the limite	ed liability company l	has been notified	of my	
	MARIA				
Signature of Resi	gning Member, Managing Member	or Manager	12 NOV -9 SEURETARY FALLAHASSE	10 mg 12 mg	
Filing Fec:	\$25.00 (Required)		<u></u>	.,	
	\$30.00 (Optional)		AH II: 50 OF STATE E. FLORID		

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CR2E079 (5/06)