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J. BRYAN

OCT 25-2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: U.S. Credit Solutions LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
George French	
(Contact Person)	_
U.S. Credit Solutions LLC	7 SECOND 1
(Firm/Company)	All Ci
6175 N.W. 153rd ST Ste 200	OCT 22 AM 10: 27 CHECKE SEE, FLORID
(Address)	FLO
Miami Lakes, FL 33014	RIDA 27
(City/State and Zip Code)	- ·
For further information concerning this matter, please call	:
George French at (305	456-3014
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as Credit Solutions LL		s of the Florida De	partm 	ent _•
2. This limited liabil Florida	ity company was organized	under the laws of:			
3. The Florida docur	nent/registration number of 599	this limited liability con	mpany is:		
4. I, Lismel Mora	ales me of Person Resigning)	, hereby resign as a	Manager (Print Title)		_
resignation in writ	lity company and affirm the ing.		nny has been notific	d of 1	my
	\$25.00 (Required)		TALLAHASSEE, FLO	10 OCT 22 AM I	FILED