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#### **COVER LETTER**

TO: Registration Section Division of Corporations

## (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:

Kathleen Linchsey
(Contact Person)
Declicated Repossession Services, LLC
(Firm/Company)
5613 NW 8th St
Maryatt 132063 (City/State and Zip Code)
For further information concerning this matter, please call:

Kodhleen LineBer	1	at (954) 984-83-K-1
(Name of Contact Person)		(Area Code & Daytime Telephone Number)

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:

**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)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the Florida Department
	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
,	CL LESSIER J., hereby resign as a
resignation in write	
Signature of Resig	gning Member, Managing Member Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)