11000018973

(Req	uestor's Name)		
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phor	 ne #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
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12 OCT 16 PH 7-30
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: NOTE ACQUISITION, LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Gregory L. Laubauch	
(Contact Person)	
NOTE ACQUISITION, LLC	
(Firm/Company)	=
3 Savannon CT (Address)	<u></u>
(Address)	
BETHSON MD 26812	
BETHSEDA MD 268(2) (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Gregory L. Laubattch	1 4385188
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	la 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

	limited liability company as TE ACQUISITION, L		of the Florida Departmen	it
2. This limited liab Florida	ility company was organized	l under the laws of:		
3. The Florida docu L11000018	ument/registration number of 8973	f this limited liability con	npany is:	
	Lauba g ch ame of Person Resigning) bility company and affirm the			
	gning Member, Managing M	Member or Manager		
	\$25.00 (Required) \$30.00 (Optional)		12 OCT SECRE I TALLAHA	-

CR2E079 (5/06)