

L11000117814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

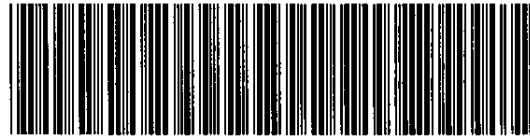
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE

AUG 28 2012

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Professional Credit Planner Services LLC

(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:

(Contact Person) Johnny Orria

(Firm/Company) Professional Credit Planner Services LLC

(Address) 5448 Hoffner Ave. Suite # 108,

(City/State and Zip Code) Orlando, FL 32812

For further information concerning this matter, please call: Johnny Orria

at (407) 334-0119

(Name of Contact Person) Johnny Orria

(Area Code & Daytime Telephone Number) 407-334-0119

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: MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

APPROVED
AND
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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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Professional Credit Planner Services LLC

2. This limited liability company was organized under the laws of:
State of Florida

3. The Florida document/registration number of this limited liability company is:
L11000117814

4. Maritza Nunez, hereby resign as a Manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

x [Signature]

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

12 AUG 27 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED