L12000013784

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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C. LEWIS
FEB -7 2012
EXAMINER

COVER LETTER

CR2E079 (5/06)

	egistration Section vision of Corporations		
SUBJEC			
	(Name of Lir	nited Liability Co	ompany)
The enclo	sed member, managing member o	r manager res	ignation and fee(s) are submitted for
Please ret	urn all correspondence concerning	this matter to	:
Steven	L. Rubio		
	(Contact Person)		
SMI Cr	edit Solutions, LLC		
	(Firm/Company)		
P.O. Bo	ox 951178		_
	(Address)		
Lake M	ary FL 32795		
	(City/State and Zip Code)		
For furthe	r information concerning this mat	ter, please call	•
Steven	L. Rubio	at (407	687-4624
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed p	please find a check made payable 25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
Registration o Division o Clifton Bu 2661 Exec	f Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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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

	limited liability company as I Credit Solutions, LL		s of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	,
3. The Florida doci L12000013	ument/registration number of	this limited liability con	mpany is:
4. I, Lesley Rul	OIO ame of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
of this limited lial resignation in wr	oility company and affirm the ting.	e limited liability compa	any has been notified of my
Signature of Resi	RUDLOT ghing Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		