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(Requ	estor's Name	
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	
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JUL 1 4 2014 C. CARROTHERS

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Advanced Business Loans LLC.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rodney Rabah

(Contact Person)

Advanced Business Loans

(Firm/Company)

1489 W Palmetto Park Rd. Suite 300-O

(Address)

Boca Raton, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

Rodney Rabah

...813

340-7680

(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:

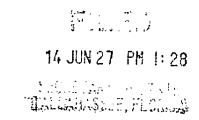
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2F079 (12/13)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

I. The name of the limited liability company as it appear of State is: Advanced Business Loans LLC	ars on the records of the Florida Department
2. The Florida document/registration number of this lin L13000019017	nited liability company is:
3. The date this member withdrew or will withdraw is: 4. 1. Set M Moss Delg had the second of this limited liability company and affirm the limite resignation in writing. Signature of Resigning or Dissociating Manager. Manager.	ereby resign as a Managing Pathner (Print Title) d liability company has been notified of my

CR2E079 (12/13)

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

\$30.00 (Optional)