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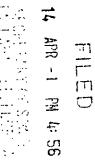
(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6/069/ Audit Mortgage Solutions, UC (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:
Mitchell Freifeld (Contact Person)
(Firm/Company)
4707 W. Gaudy Blvd. Suite 13
Tampa, FC 33611 (City/State and Zip Code)
For further information concerning this matter, please call:
Mitchell Freifeld at (813) 842-9263 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\s
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 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

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