

L14000070240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

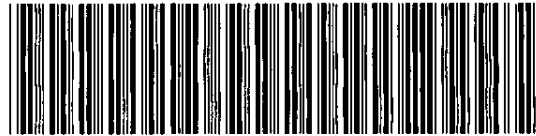
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/28/14--01001--003 \*\*50.00

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DEPARTMENT OF STATE  
14 AUG 27 PM 3:25

RECEIVED  
STATE DEPARTMENT  
DIVISION OF INFORMATION  
14 AUG 29 AM 9:44

C. LEWIS  
AUG 29 2014  
EXAMINER

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP:

8/27

☐

CERTIFIED COPY



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CUS



FILING

LLC Resignation

1.

Advanced Loan Resolution LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Loan Resolution 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:

Lee Stein  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lee Stein at (561) 400-2177  
(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



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 AUG 28 AM 9:44

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ~~US Cash And Capital LLC~~ Advanced Loan Resolution LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L14000070240
3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 1, 2014
4. I, Tiffany Walsh, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGR  
(Print Title)

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

X Tiffany Walsh  
Signature of Dissociating Member or Resigning Manager

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