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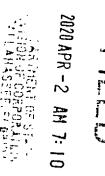
(Re	questor's Name)			
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## **COVER LETTER**

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	East Atlantic Credit, LLC		
		(Name of	Limited Liability Co	mpany)
The en	nclosed	l member, resignation or dis	sociation and fee(	s) are submitted for filing.
Please	return	all correspondence concern	ing this matter to:	
Kathle	en Benja	amin		
	-	(Contact Person)		_
Simses	& Asso	ociates, PA		
		(Firm/Company)		_
251 Rc	oyal Palı	n Way, Suite 400		
		(Address)	, .,	_
Palm F	Beach, F	L 33480		
		(City/State and Zip Code)		<del>•••</del>
For fu	irther ii	nformation concerning this n	natter, please call:	
Kathle	en Benja	ımin	215 at (	290-2352
	(N	ame of Contact Person)		e & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payat	ole to the Florida I	Department of State for:
	5 Filing			g Fee & Certified Copy
		ng Address:		Street Address:
		stration Section		Registration Section
		ion of Corporations Box 6327		Division of Corporations
	-	hassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	тапа	павасс, гт. э2эт4		Tallahassee, FL 32303



## 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)

of State is:	Atlantic Credit, LLC				<u></u> -
2. The Florida doc L16000043206	cument/registration number	assigned to this limited liability	company i	s:	
3. The date this m	ember/manager withdrew/re	esigned or will withdraw/resign i	March 29	9, 2020	
4. I	nin	, hereby withdraw/resign	as a		
(Print)	Name of Person Resigning)				
Manager					
	(Print Title)				
of this limited lia resignation in w		the limited liability company has	s been noti	fied of	`my
Walu ear	hiniamin				
Signature of D	h Benjamin Dissociating Member or Resi	gning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		1010 AH	2020 APR	err g