

(Rea	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

-	stration Section sion of Corporations		
SUBJECT:	Corporate Debt Advisors, L	.LC	
	(Name of Lii	nited Liability Co	mpany)
The enclosed	l member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Michele Sh	arpe		
	(Contact Person)		_ .
Corporate I	Debt Advisors, LLC		
	(Firm/Company)		_
3333 South	n Congress Ave Ste. 303		
	(Address)		_
Delray Bea	ich, FL 33445		
	(City/State and Zip Code)		_
For further in	nformation concerning this mat	ter, please call:	:
Michele Sh	narpe	561	257-2697
(N	Jame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
Registration	OURIER ADDRESS: Section Corporations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton Build	ding		P.O. Box 6327
	īve Center Circle Florida 32301		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)

of State is: Corporate Debt Advisors,	LLC
. The Florida document/registration numb	er assigned to this limited liability company is:
L17000062119	
. The date this member/manager withdrew	e/resigned or will withdraw/resign is:
Tony Shea	, hereby withdraw/resign as a
(Print Name of Person Resigning)	, hereby withdraw/resign as a
MGR	
· (Print Title)	<u>—</u> ·
• • •	m the limited liability company has been notified of my
resignation in writing	
1/ -	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)