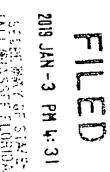
117000 203145

Office Use Only



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D. BRUCE JAN 12 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Affinity Credit Solutions, 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:
Jody Hall (Contact Person)
Affinity Credit Solutions, LLC (Firm/Company)
4415 W. Leila Ave.
Tampa FL 33616 (City/State and Zip Code)
For further information concerning this matter, please call:
Jody Hall a1 (812), 550-3412 0
(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 \$\Bigsquare \\$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

lahassee. Florida 32301

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)

1. The name of the limited liability company as it appears on the records	s of the Florida Department
of State is: Affinity Credit Solutions	LLC
2. The Florida document/registration number assigned to this limited lia	bility company is:
L17000 203145	
3. The date this member/manager withdrew/resigned or will withdraw/re	esign is: $\frac{1\sqrt{30/2018}}{2018}$
4. I. Rosa M. Hall hereby withdraw/r	esign as a
Member	
of this limited liability company and affirm the limited liability comparesignation in writing.	ny has been notified of my
Rosa M. Hall Signature of Dissociating Member or Resigning Manager	2019
Fiting Fee: \$25.00 (Required)	2019 JAN -3 PH
Certified Copy: \$30.00 (Optional)	02 4: 3