## 118000109274

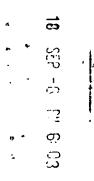
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



900317960649

09/06/18--61016--023 \*\*25.60



3. 29474ET

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LOANWORKS LLC	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Dean Hough	
(Contact Person)	
Loanworks LLC	
(Firm/Company)	
15744 Hennipen Circle	
(Address)	<del></del>
Port-Charlotte FLtar 33981	
(City/State and Zip Code)	<del></del>
For further information concerning this mat	ter, please call:
Dean Hough	941 780-1631
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, 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)

The name of the limited liability company as it ap     of State is:	pears on the records of the Florida Department
2. The Florida document/registration number assigned L18000109274	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned	or will withdraw/resign is:
4. 1. (Print Name of Person Resigning)	, hereby withdraw/resign as a
MGR (Print Title)	
of this limited liability company and affirm the lim resignation in writing.	ited liability company has been notified of my
Signature of Dissociating Member or Resigning	Manager T
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	