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Certified Copies	Certificates of Status		
Special Instructions to F	iling Officer		

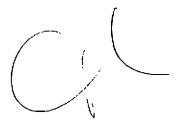
Office Use Only



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## **COVER LETTER** -

TO: Registration Section
Division of Corporations

SUBJECT: LOAN Solutions of SPC LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rusey Blank
(Contact Person)

1027221ane

HOUYWOOD F1 3300-0
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\sum\_\$25 \text{ Filing Fee & Certified Copy}\$\$

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

	imited liability company as i	t appears on the records of the l	Florida	Depar	tment
2. The Florida docu	ment/registration number ass	igned to this limited liability co	ompany	vis:	
Lindsay Lawrence	<u> </u>	ned or will withdraw/resign is:, hereby withdraw/resign as		2022 AUG	
Manager	Print Title)		F: :25	-  AM	<del>, 1</del>
·	ility company and affirm the ing.	limited liability company has b	peen no	iifed o	of my
Signature of Dis	sociating Member or Resigni	ng Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				