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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Credible 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:
Andrew Streyler (Contact Person)
Credible Solutions LLC (Firm/Company)
380 Lake Ontario Court
Altamonte Springs FL 32701 (City/State and Zip Code)
For further information concerning this matter, please call:
Andrew Straxler at (407) 335.5642 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \frac{1}{2}\$\$ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

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)

1. The name of the	limited liability company	as it appears on the re-	cords of the Flo	rida De	partm	ent
of State is:	rdible Solut	tions LLC	. 			•
	ument/registration number	assigned to this limite	ed liability comp	oany is:		
	05684			1	,	,
3. The date this mo	ember/manager withdrew/r	esigned or will withdra	aw/resign is:	12/1	5/	21
4.1. Nathan	ael Elliott 'ame of Person Resigning)	, hereby withdi	raw/resign as a			
Manago	(Print Title)	e				
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability co	ompany has bee	n noțific	海 22.	ny
(8)						
Signature of D	issociating Member or Res	signing Manager	•	S 30.) AH 9: 46	
Filing Fee:	\$25.00 (Required)			TATE	94:	
Certified Copy:	\$30.00 (Optional)					