

L22000 101 373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

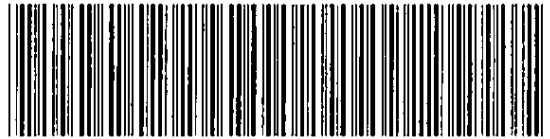
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/27/23--01013--012 **25.00

A handwritten signature in black ink, appearing to be a stylized 'A' or similar character.

ROBERT E. BONE JR., P.A.
ATTORNEY AT LAW

918 W. Main Street
Leesburg, Florida 34748
Phone. 352-315-0051
Fax. 352-326-0049

June 19, 2023

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: CRED-1, LLC
MEMBER RESIGNATION**

Dear Sir or Madame:

Please find enclosed the following documents for processing:

1. Cover Letter and Member Resignation Form for Florida Limited Liability Company; and
2. Our check for \$25.00 representing the filing fee.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,



Jennifer A. McElrath
Assistant to Robert E. Bone, Jr.

Enclosures: As noted



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 of the Florida Department of State is: CRED-I, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L22000101373


3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 15, 2023

4. I, MIRZA A BAIG, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)